

Achieve Together Limited

Highdowns Residential Home

Inspection report

High downs
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Highdowns Residential Home is a residential care home providing personal care for up to 14 people with learning disabilities or autistic people. At the time of the inspection 14 people were living at the service. The accommodation is spread across several buildings and situated on farmland. At the time of the inspection 5 people were living in the main house, 4 people lived in an adjoining cottage and the remaining 5 people all had their own separate accommodation.

People's experience of using this service and what we found

Right Support

Staff supported people to have choice and control and be independent.

People were supported by staff to pursue their interests.

Areas of the service were in need of updating to help ensure people's surroundings were pleasant and supported their comfort and well-being. There were plans to make the necessary improvements in the near future.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

The policies and systems in the service had not consistently ensured staff supported people in the least restrictive way possible and in their best interests. Staff had not consistently recorded when restrictions had been put in place to keep people safe. This meant opportunities to learn from those incidents and how they might be impacting on everyone living at the service were lost.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's diverse needs and provided appropriate support.

Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People led meaningful lives because of the ethos, values, attitudes and behaviours of the management and staff.

Training for staff to help ensure they were able to provide good quality care and support had not been refreshed regularly in line with the organisations policies.

The management team were supportive and knew people well.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to restrictive practices and staff training. Please see the action we have told the provider to take at the end of this report.

We have made recommendations about recording information in relation to risks and support for management when new systems are introduced.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Highdowns Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Highdowns is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highdowns is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service and spoke with the registered manager and 6 other members of staff. We met with 5 people and 1 visiting professional. We looked at 4 care plans, 2 staff recruitment records, 2 people's financial records and a selection of Medication Administration Records. We reviewed the training records and other records in relation to the management of the service. Following the site visit we spoke with 8 relatives and a further 3 professionals with experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff told us they would escalate any concerns to management and were confident these would be dealt with.
- The service supported people with their finances. Receipts were kept and records regularly audited. We checked the records for two people and found they were accurate.
- Relatives told us they were confident safeguarding issues were dealt with appropriately. One commented; "They will do a safeguarding when it is needed, and this helps keep everyone safe." An external healthcare professional told us; "I do consider Highdowns to be a safe environment for people."

Assessing risk, safety monitoring and management

- Care records contained information about identified risks. For example, there were risk assessments in place in relation to accessing the community and using the kitchen.
- Staff had raised concerns about the risk of one person choking. A referral had been made to the local Speech and Language Team (SALT) who had provided some basic advice. There was no corresponding risk assessment in place.

We recommend the provider seeks advice and guidance from a reputable source about the recording of identified risks.

- Staff were able to describe how they supported the person whilst eating and this was in line with the guidance provided by SALT.
- Regular checks of utilities and equipment were completed. Checks relating to fire safety were documented. Personal Emergency Evacuation Plans were in place outlining the support people would need to leave the building in an emergency. Grab bags for use in an emergency were in place.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment processes promoted safety; recruitment checks were completed before new staff started work. For example, references were followed up and Disclosure and Barring Service (DBS) checks completed. DBS checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

- People living at Highdowns had an opportunity to be involved in the recruitment process, sometimes taking part in interviews.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People could take their medicines in private when appropriate and safe. Each person's medicine was kept securely in their own accommodation.
- Some people had been prescribed medicines to be used as required (PRN). For example, pain killers, and medicines for use when people were particularly anxious. There were protocols in place for staff to follow when offering people PRN. Staff described the processes they would follow to ensure these medicines were administered appropriately and safely.
- Medicine Administration Records were completed to evidence when people had received their medicine, including any PRN.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were encouraged into the service to enable people to maintain important relationships.

Learning lessons when things go wrong

- Staff largely recorded the use of restrictions on people's freedom. However, one particular restrictive practice, which could potentially impact on everyone living at the service, was not consistently or robustly recorded. This meant monitoring of the practice might not reflect how often it was occurring or what the impact was on all individuals. This issue is discussed further in effective.
- Incidents and accidents were recorded so any trends or patterns could be recognised and action taken to mitigate identified risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law 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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- As referred to in the safe section of the report we identified a restrictive practice was in place which could potentially impact on everyone living at Highdowns. This practice was not referenced in the person's DoLS renewal application.
- There was no evidence to show the practice had been discussed with relevant stakeholders to ensure it was in people's best interest and was proportionate. There was no guidance for staff in relation to the practice which could lead to an inconsistent approach.
- We reviewed an incident report completed following an event when the restrictive practice had been put in place to ensure people's safety. There was no reference to the practice in the incident report. This lack of robust recording meant monitoring of the restrictive practice was difficult and based on incomplete evidence.

This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For people that the service had assessed as lacking mental capacity for certain decisions, mental capacity assessments and any best interest decisions had been documented.
- Capacity assessments recorded the support people had received to help them understand the

information being presented and how staff had attempted to engage them in the process.

- DoLS applications had been submitted. When these were due for renewal the registered manager had made the appropriate application and followed up with the local DoLS team when necessary.
- When people were unable to make decisions in relation to medical procedures, processes were followed to help ensure any decision taken on the person's behalf was proportionate and in their best interest.

Staff support: induction, training, skills and experience

- We reviewed the service training matrix and found there were gaps in training. For example, a risk management plan stated all staff should be trained in diabetes awareness and dysphagia. The training matrix showed the majority of staff had not completed diabetes training and only 56% had completed the training for dysphagia. Although the risk management plan stated all staff supporting one particular individual should have completed this training handover records showed the individual was not always supported by appropriately skilled staff.
- We identified further gaps in training in areas deemed necessary by the provider, including for moving and handling, MCA and safeguarding.

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

- Just over half of the staff who required the dysphagia training had been allotted time to complete it in the week following the inspection.
- New staff completed an induction which included a period of shadowing, before they started to work independently.
- Staff received regular supervision and told us they were well supported and able to go to managers for advice and guidance at any time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. The service planned people's move into the service in advance as far as possible to support a smooth transition.
- The registered manager was aware of, and worked in line with, the principles of Right Support, Right Care, Right Culture. People were able to make individual choices about how they lived their lives and spent their time.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. Equipment was available to enable people to maintain their independence when eating and drinking. For example, a one cup kettle and a sensor attached to a cup so people with limited vision would be made aware when the cup was full.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the service worked with other agencies to help ensure people received appropriate care and support.
- People were supported to attend routine health appointments and regular health check-ups such as well woman checks.
- Staff had made referrals to relevant healthcare services if they had any concerns about people's health

and well-being.

- External healthcare professionals told us the service worked collaboratively with them. Comments included; "If there are meetings, then the management will also encourage staff who know the clients well to attend the meeting as they know that their knowledge about the individuals is so important" and "If I have requested information this has been given to me quickly. Any concerns raised have been addressed."

Adapting service, design, decoration to meet people's needs

- Some areas of the service were in need of redecoration and updating. The registered manager provided inspectors with a plan of works to be carried out. This addressed all areas where we had identified improvements were needed with a time scale for completion at the end of May 2023.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- Some people found living with other people difficult and accommodation had been designed to suit their individual needs while still providing opportunities for them to integrate with other people living at Highdowns.
- Relatives told us the setting was appropriate for their family member. Comments included; "[Name] loves living at Highdowns, they enjoy the animals. The environment is perfect for them" "[Name] comes from a farming community. They would not enjoy an urban environment. Highdown is perfect for them" and "The home meets [name's] needs. What more can I ask for."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As outlined in effective, the service is in breach of regulations. This is a ratings limiter and the well-led key question is therefore rated requires improvement.
- Staff recorded incidents and near misses. The service had recently changed how this information was recorded and there was a backlog of incident forms which had not been transferred to the new system. This meant oversight of the incidents had not been robust. Following the inspection, the registered manager planned for this work to be completed.

We recommend the provider seeks support and training for the management team when introducing new systems and processes.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The registered manager was supported by 2 deputy managers, the rota was arranged so a member of the management team was at the service 6 days a week.
- There were also 5 senior carers who were responsible for overseeing each shift. They had clear roles and responsibilities. In addition, key workers had oversight of individuals appointments and daily needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in what people and staff had to say.
- Managers promoted equality and diversity in all aspects of the running of the service. People were protected from discrimination and staff were non-judgmental in their approach.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. They told us they communicated well as a team and the systems in place enabled them to keep up to date with any changes in people's needs.
- We observed staff working alongside people and treating them as colleagues and equals.
- Relatives told us the registered manager was committed to providing good quality support. Comments

included; "The manager is fantastic, they keep me up to date on how my [relative] is doing and that is a great reassurance" and "The manager is amazing, they will always go the extra mile. The care and support he gave during Covid to make sure that they were safe, and we were kept as involved as possible. I could not have asked for more."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an appropriate Duty of Candour policy in place.
- Relatives commented on the open communication with the service. One relative told us, "I am kept informed of any issues both good and bad."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Key workers had monthly meetings with people when they checked if people were happy with their support and identified any goals for the future.
- Staff meetings were regularly organised. Staff told us these were an opportunity to discuss any changes in working practices as well as individual's needs.

Continuous learning and improving care

- Monthly manager meetings were in place to keep managers up to date with any changes in the sector.
- An organisational phone app was used for cascading information to managers quickly when required.
- Families and professionals were asked for their views of the service to identify any areas for improvement.

Working in partnership with others

- External healthcare professionals were complimentary about the service. Comments included; "The management team at Highdowns have always contacted if they have any concerns about the clients that I am working with. They seem to appreciate the input and will follow recommendations that are made" and "There is a Multi-Disciplinary Team (MDT) in place and Highdowns join the MDT for monthly meetings. Their record keeping of all aspects of my client's day and well-being has been a great help for planning and adding or taking away certain approaches."

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
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not established or operated effectively to ensure any restrictions on services users liberty of movement were lawful and proportionate.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training as necessary to enable them to carry out the duties they are employed to perform.