

Highlea Care Limited

# Highlea Care Limited

## Inspection report

North Wing, 2nd Floor  
2 Lighthouse View  
Seaham  
SR7 7PR

Tel: 01913896338

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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?

Good ●

# Summary of findings

## Overall summary

### About the service

Highlea Care Limited is a domiciliary care agency providing personal care and support to people living in their own homes across County Durham. We visited four of the five locations where people receive personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help and with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 29 people were receiving personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for young people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us staff were kind and caring. We saw outcomes for people had improved since our last inspection. Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

People were supported to take their medicines safely. Staff understood their responsibilities about keeping people safe. Risks were identified and managed well. Staff understood their responsibilities to prevent the spread of infection whilst working in people's homes. We saw people were now actively involved in the recruitment process for their staff.

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

Staff had completed training in key areas and were supported to carry out their roles. Training was now person specific and people were involved in supporting the delivery of training to new staff. People had confidence in staff and were content with the care they received. People were supported to access health services if needed. People's dietary needs were assessed and, where required, people were supported with their meals.

People's support plans were up to date about their individual needs and preferences. People received support that met their needs. People and their relatives knew how to complain, although none we spoke with had any complaints. People's rights to make their own decisions were respected.

The registered manager, nominated individual and service managers had worked hard to improve the

service since our last inspection. They had looked at opportunities to improve every aspect of the service and were committed to improving the service further. There were quality checks in place to ensure the service delivered a good standard of care and support.

The outcomes for young people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to develop, learn new skills and become independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### Follow up

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Highlea Care Limited

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. People may have a learning disability, physical disability or have mental ill-health.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We visited the provider's office location unannounced but made arrangements to visit people in their own homes over a three day period.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 15 people who used the service. We spoke with the registered manager, nominated individual, two service managers, two team leaders and seven support workers.

We reviewed a range of records. This included people's care records and medication records. We looked at six staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including audit checks and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives via telephone interview.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection records showed that medicines were not recorded safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17.

- Medicines were now managed safely
- People who required support with emergency rescue medicines received this from staff who had received specific training and had their competency assessed regularly.
- Records had much improved and there was person centred guidance now in place for each person who needed support with medicines.
- Staff followed best practice guidance to manage and administer medicines.

### Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to them.

### Staffing and recruitment

- There were enough staff to meet people's needs.
- Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service. Some records required filing but were available to us by the end of our inspection visit.

### Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The service assessed people prior to them using to the service to ensure that the service could safely meet the person's individual needs.
- People were supported to keep their environment and equipment safe and well maintained.

### Safeguarding systems and processes, including recruitment

- People we spoke with said they felt safe. Our observations for people who could not communicate with us

were that they were comfortable with the staff members supporting them. One person told us, "I feel safe here. I'm not very streetwise."

- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Learning lessons when things go wrong

- The registered manager communicated openly with people if improvements to care were needed. A log of incidents was kept and analysed to prevent further incidents happening.
- Since our last inspection, action had been taken to improve the service across a wide variety of areas.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, staff training in key areas was not up to date. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 18.

- New staff were supported through a period of induction and training. One new staff member told us, "the intensive interaction training was brilliant, it has worked so well for the people here."
- Staff confirmed they were supported using training and supervision. The registered manager kept a staff training matrix which showed staff training was up to date.
- Staff received training to specific to the people they supported. We saw that people were involved in delivering training. One person told us, "I do role plays, I'm really good at it, staff can't believe how good I am at acting."
- The service had regular meetings to ensure staff were kept informed about developments at the service.
- Some records were not immediately located in staff files, as they needed filing. At our feedback meeting the provider told us they would start a system of scanning all documents and filing them weekly. This would be signed off by the registered manager. This would mean staff files were up to date for training and supervision in the registered office location.

Supporting people to live healthier lives, access healthcare services and support

- The service worked with other professionals to provide good coordinated care.
- Records showed people had regular health and wellbeing check-ups. When required, referrals were sought in a timely manner for any concerns.
- One relative told us, "They ring me if there are any issues with [Name's] health."

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

- People's needs were assessed prior to their admission by the senior management team. Their needs and choices were documented. The registered manager told us, "We have to make sure that people are happy with anyone else who may be moving into their home so we do lots of meetings and visits first."
- People and their relatives told us staff provided them with choices and respected their wishes.

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

- Staff supported and encouraged people to maintain a health and balanced diet.

- People following special diets, for example soft diets, were supported by staff to follow the advice of healthcare professionals and make suitable choices for their meals.

#### 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to their care and were asked for their choices about how they received their support from staff. One person told us, "I like the staff to help me with my meds as I can't be bothered to remember them."
- Staff had received training around MCA and could explain when they would use this. For example, assessing people's capacity to make decisions regarding medication.
- There were no unauthorised restrictive practices in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff treated people with kindness and respect. One person told us, "I wouldn't be here if it wasn't for them, my life is worth living here. I'm very happy."
- The registered manager regularly visited all services and knew people's needs well. They interacted positively with people and shared laughter and fun.
- The service ensured that people's religious and cultural needs were met and respected.
- We observed staff treating people with warmth, compassion and kindness. One relative told us, "The staff are all lovely, they are very caring."
- People's body language indicated they were at ease. When people became anxious, staff offered reassurances.

Supporting people to express their views and be involved in making decisions about their care.

- We saw people were involved in recruitment and in delivering training which people told us they really enjoyed and benefitted from. One relative told us, "I am so proud of [Name], they have been doing interviews for their staff. They have come on so much living there."
- Staff supported people to be involved as much as possible with making decisions about their support and care. Relatives told us they took part in discussions about the person's care and support needs. One relative said, "I am always welcomed. I feel able to make a drink in the house, obviously after I ask its ok."
- At the time of inspection no one was accessing an independent advocate, but some people were supported by relatives and friends to make important decisions. The service supported this practice and promoted the use of advocacy services. Advocacy services are there to make sure people's choices, needs and wants are listened to and recorded.
- The provider regularly consulted with people and their relatives to capture their views about the service.
- Information was available for people in accessible formats. For example, easy read documents including photo support plans who could not understand written words.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to maintain their independence. We observed staff assisting people to manage their own care and support, as much as possible.
- One staff member told us, "We always work at [Name's] place, for example if they have an appointment, we have to wake them earlier to give them time to get ready." This showed they supported people
- Staff treated people with dignity and respect, we saw they knocked on front doors and sought permission

before entering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection records showed that support plans were not always personalised or had been reviewed regularly. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17.

- Support and care was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Support plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.
- Plans were reviewed regularly and reflected people's current needs. Some plans were photographic to support people to be involved in their development and review. The provider told us they planned for everyone to have an easy read plan within the next few months.
- Plans would benefit from having a consistent layout across all services to support staff working in different areas and also having a key profile to give summary of people's support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff explored with each person their interests, life ambitions promoting a positive sense of wellbeing and self-esteem through achieving goals. Staff gave us examples of how their support had made a positive impact on people's lives. For example, one person gave their consent to be involved in staff moving and handling training using their equipment. We were told, "[Name] enjoys being involved and will lead this training alongside the company trainer to provide staff with a opportunity to practice training in a real environment." They had been presented with a certificate by the provider for their efforts.
- People were supported with a range of social activities to support them to live their life to their full potential, make new friends and prevent social isolation. This included supporting people to have relationships.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs.
- The service identified people's information and communication needs during pre-assessment and complied with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff.
- There had been no recent complaints. Information relating to how to make a complaint was readily available to people.

End of life care and support

- End of life care was not currently being delivered by the service. However, staff were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences. When required, people and their families would be supported to make decisions about their preferences for end of life care.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured effective systems were in place to assess, monitor and improve the service; and to fully mitigate risks to people. Records were not always well maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- The service had an action plan in place to address where they needed to improve.
- Areas of improvement identified from audits and risk registers were added to the action plan and these were continually reviewed by the registered manager.
- Lessons learned and reflective practice, was a continuous part of staff meetings and supervisions.

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

- Staff told us the atmosphere at the service had much improved. One staff said, "People are supported to do a lot more for themselves now. [Name] here likes to do his own ironing."
- The service involved people and their families in day to day discussions about their care and support. People and family members told us that they felt reassured and very comfortable with the management at the service.
- One person told us, "The staff talk to me and listen as my thoughts are sometimes muddled. They are supporting me to work towards my aim of going out on my own."

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

- Since our last inspection the registered manager, service managers and the provider had improved the quality and assurance processes in place. Audits were completed regularly to monitor the quality and safety of the service.
- The registered manager and staff had a clear understanding of their roles and responsibilities.
- A series of guidance files had been embedded in each service to provide staff with information and support to enable them to provide a quality service. We saw in an emergency when the power went off in one service, that staff instantly knew how to respond and manage the situation.

#### Working in partnership with others

- We saw people had been supported to achieve positive outcomes with the support of external professionals since our last inspection
- The service had good links with the local community.

#### 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

- The registered manager understood their obligations under the duty of candour.
- The registered manager was able to demonstrate an open and transparent approach when dealing with any issues or concerns when things went wrong. People and relatives had confidence that issues would be dealt with appropriately.