

Community Integrated Care

Abshot Road

Inspection report

52 Abshot Road
Titchfield Common
Fareham
Hampshire
PO14 4NB

Tel: 01489582150
Website: www.c-i-c.co.uk

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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

This inspection took place on 15 November 2016 and was announced. A previous inspection undertaken in February 2014 found there were no breaches of legal requirements.

Abshot Road is detached property that has been adapted to support the people living there and is situated in a residential area of Fareham. The home is registered to accommodate three adults with a learning disability. At the time of the inspection there were two people living at the home.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since July 2015. A registered manager is a person who has registered with the CQC 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. We were supported by the registered manager throughout the inspection.

Staff were aware of safeguarding issues, had undertaken training in the area and told us they would report any concerns around potential abuse. The provider was following appropriate safeguarding processes and reported concerns to the local safeguarding adults team.

Staff supported people on a one-to-one basis and were able to accompany people to access the community and support them with their personal care needs. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience. Medicines were stored and handled correctly and safely.

Staff had access to regular training and updating of skills. Records indicated most staff had completed a range of training and systems were in place to monitor it remained up to date. Staff told us, and records confirmed there were regular supervision sessions for all staff members and annual appraisals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Applications for consideration of DoLS had been made by the registered manager. Best interests decisions had been made where people did not have capacity to make their own decisions, although we noted the local authority were not always proactively involved. We have made a recommendation about this.

People had access to health care services to help maintain their wellbeing. There were regular visits to general practitioners and other health and social care professionals. Advice from such interventions was incorporated into people's care records.

People were supported to access adequate levels of food and drink. Specialist advice had been sought, where necessary, and guidance followed. People's weights were monitored.

We observed there to be good relationships between people and staff. People looked happy and relaxed in staff company. Relatives told us they were happy with the care provided. Staff understood about treating people with dignity and respected people's personal space and choices. One person was being supported by an independent advocate.

People's needs had been assessed and individualised care plans and risk assessments developed that addressed all their identified needs. Care plans had detailed information for both care staff and visiting professionals to follow. Changes to care delivery were reviewed, although this was not always appropriately recorded. People were supported to attend various events and activities in the local community. The manager told us there had been no formal complaints in the last year and relatives told us they had not raised any concerns.

Regular checks and audits were carried out on the service by the registered manager and these actions were overseen by the regional manager. Staff were positive about the leadership of the service and the support they received from the registered manager. They said there was a good staff team and felt well supported by colleagues. Questionnaires completed by relatives were positive about the care provided. Daily records at the home were up to date and contained good detail.

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.

Staff had undertaken training on safeguarding issues and recognising potential abuse.

Risk assessments had been undertaken in relation to the environment and people's individual care. Accidents and incidents were recorded and monitored.

Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service. Staffing levels were maintained to ensure individualised care. Medicines were managed and stored appropriately and safely.

Is the service effective?

Good ●

The service was effective.

A range of training had been provided and completed. Regular supervision and annual appraisals were undertaken.

The registered manager was aware of the Mental Capacity Act 2005 and staff understood the concept of best interests decisions, although the local authority were not always proactively involved in these.

People were supported to maintain adequate levels of food and drink. Specialist advice on diets was sought and followed.

Is the service caring?

Good ●

The service was caring.

We observed good relationships between people and staff. People looked happy and relaxed in staff company.

Relatives said they were involved as much as possible in care reviews and decisions. One person was supported by an advocate.

People's dignity was protected and they were treated with

respect.

Is the service responsive?

Good ●

The service was responsive.

People had assessments of their needs and detailed care plans. Professional advice and guidance was incorporated into plans and actively put into practice. Care plans were regularly reviewed, although changes to care were not always clear.

People were encouraged to engage in a range of activities and events in the local community.

There had been no complaints in the last 12 months. Staff had a good understanding of people's responses to identify if they were unhappy.

Is the service well-led?

Good ●

The service was well led.

A range of checks and audits were undertaken to ensure people's care was effectively monitored.

Staff talked positively about the support and leadership of the registered manager. They said they were happy working at the service and there was a good staff team there.

Regular staff meetings took place and staff told us they could actively participate in these. The results of relatives' questionnaires were positive. Daily records were up to date and contained good detail.

Abshot 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 15 November 2016 and was announced. The provider was given 48 hours' notice because the service supported people with a learning disability in the community and we wanted to be sure someone would be at the address and that people who lived there were prepared for an inspector coming to their home.

The inspection team consisted of one inspector.

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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority prior to the inspection for any information they held about the home. We did not receive a response to our enquiries.

People using the service were not always able to communicate with us in detail, but we observed they looked happy and relaxed. We spoke with two members of staff and the registered manager. Following the inspection we spoke with two relatives of people who used the service.

We reviewed a range of documents and records including; two care records for people who used the service, two medicine administration records, two records of staff employed at the home, complaints and compliment records, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

Relatives of people living at the home told us they felt their relations were safe. One relative told us, "They do what they need to, to keep them safe." The provider had in place a safeguarding policy and records showed staff had undertaken training with regard to safeguarding vulnerable adults. Staff we spoke with had a good understanding of the issues relating to potential abuse and said they would report any concerns to the senior support worker or the registered manager. We saw any safeguarding concerns had been dealt with appropriately and a referral made to the local safeguarding team. This meant people were protected because appropriate action had been taken in referring safeguarding matters to the appropriate authorities.

We noted staff at the home were also deputies or appointees to deal with people's finances and helped them manage their bank accounts. Whilst a best interests decision had been taken for both people in relation to this, we noted this had only involved people's relatives in the decision making and had not immediately involved a representative from the local authority. We spoke to the registered manager about this. She told us both best interests recommendations had been forwarded to the local authority for their review. She also said she was of the opinion that the local authority or a body independent of the provider should take over deputyship to ensure people's rights finances were appropriately protected. We saw financial accounts for both people living at the home were regularly checked and audited and these checks were further reviewed by the regional manager.

The registered manager told us the home was rented by the provider from a housing association and that the landlords were responsible for the upkeep of the building and the maintenance of the fabric of the home. The manager showed us copies of certificates related to the home, such as gas and electrical safety, to demonstrate the landlord was up to date with safety at the home. We checked that essential equipment, such as fire extinguishers and emergency lights had been checked. We saw the provider also undertook their own health and safety checks on these items, through the provision of a weekly health and safety check. Weekly checks were also undertaken on water temperatures at the home. We saw these had been noted to be low on some dates and that a contractor had subsequently attended to check the boiler and water system. The provider carried out two yearly portable appliance testing (PAT) on small electrical equipment.

People had risk assessments in their care records, relating to their care delivery. We saw these were reviewed, although the information related to these reviews was not always detailed. We spoke with the registered manager about this who told us this was a corporate system, but because of the small nature of the service staff had a good awareness of people's needs and the risks associated with their care. Staff we spoke with had a good understanding of risk and were able to describe how they kept people safe when out in the community. This meant people were protected from risks at the home and in the delivery of care because appropriate checks were in place.

The registered manager demonstrated the electronic system that was used to record accidents and incidents. We saw there was good detail recorded and a note made of any actions taken to limit further events. The registered manager said where other staff completed these alerts, they were required to be reviewed and signed off by the manager. She told us about a recent accident that had resulted in an injury

to one of the people at the home. She described the action taken trying to limit such an event and also the additional work being undertaken to further limit a repeat. On the day of the inspection an occupational therapist was attending the home to offer further ideas to improve safety for the individual. They commented that they had previously visited the home to offer safety advice, which the home had fully followed. A relative confirmed to us staff had worked hard to avoid the recent accident and felt that "human rights rules" had prevented the home doing more. They felt there was no blame on the home for the event. This demonstrated the home monitored accidents and incidents and took action to limit any events.

The registered manager told us there were currently eight staff employed at the home to support the two people living there. Staff told us they felt there were enough staff at the home to support the people living there. The registered manager told us both people at the home had full time one-to-one support and this could be increased to two-to-one in certain situations, such as if the person was going swimming. Relatives told us they were happy with the number of staff at the home. We saw there were always staff in attendance for people at the home and where staff changed shift there was a hand over period to ensure there were no gaps in care. The home had a policy to ensure staff who had been on holiday or long term absence had a period of time to re-establish relationships with people before caring for them on a one-to-one basis. This meant there were staff available to support people in an appropriate manner.

We looked at personnel files for staff currently employed at the home. We saw an appropriate recruitment process had been followed, with two references requested, identity checks and Disclosure and Barring Service (DBS) checks undertaken. DBS reviews ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. Staff had been subject to a probationary period and we saw evidence of an assessment before their full time role was confirmed. Where necessary checks had been undertaken to ensure staff had the right to work in the United Kingdom. Where staff had been off work unwell, there was evidence of a return to work interview to ensure they were fit to return to duties. This meant the provider had in place an appropriate system to recruit appropriately skilled and trained staff and ensure they could carry out their required duties.

Both people living at the home had medication care records and care plans. Care records detailed the medicines people were currently taking and any "as required" medicines they were prescribed. "As required" medicines are those given only when needed, such as for pain relief. A risk assessment had been undertaken in relation to medicines and a best interests decision, involving people's relatives, as they did not have capacity to consent to taking their medication for themselves. Medicine administration records sheets (MARs) were printed by the local pharmacy and contained good detail about each of the medicines prescribed. There were no gaps in the MAR. A separate sheet had been completed if any "as required" medicine had been administered. A daily record was kept of medicines remaining in stock. Each person had a locked cabinet in their room where medicines were stored safely. This meant the provider had in place an appropriate system to manage medicines safely and effectively.

The home was clean and tidy. The registered manager told us support staff were responsible for the day to day cleanliness of the home. We noted some areas of the home, whilst clean, were in need of some refreshing and updating, particularly the bathroom areas and the kitchen. There were some cracked tiles in the bathroom and general wear and tear on kitchen cupboards and furniture. One bathroom had a faint odour. The manager said this was the responsibility of the landlord and would be addressed as part of the tenancy agreement and through the general update of the premises.

Is the service effective?

Our findings

Staff we spoke with told us they had access to a range of training and updating. They told us they had received good training in relation to supporting people with behaviour that may be challenging. They said that if they were unsure about anything they could always seek further advice from the senior support worker or the registered manager. The registered manager showed us the home's training matrix, listing all the staff employed at the service. We saw that, with the exception of one or two gaps, staff were fully up to date with required training including; medicines competency, health and safety, food hygiene, autism awareness and MAPA training (Management of Actual or Potential Aggression). The matrix listed when staff needed to refresh this training to ensure it was kept up to date. One relative said there had been a recent change in the staff group at the home and they felt additional training on supporting people's behaviour, before they worked directly with people, would be useful.

Staff told us they had regular supervision from the senior support worker at the home or the registered manager. We saw copies of supervision notes in staff files. We also saw copies of appraisal documents. The registered manager told us the provider had recently changed the supervision and appraisal system to a new process called, "You Can". Staff told us they had monthly or two monthly supervision and were able to raise any issues they wished, both work related and personal. We saw staff had opportunity to discuss their thoughts and feelings about the work environment and discuss how personal issues were affecting their day to day work. This meant the provider had in place an appropriate system to ensure staff had the right skills and support to deliver appropriate care.

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.

The manager told us applications for DoLS for both people living at the home had been made and were awaiting formal assessment and consideration by the local authority. We saw copies of these applications in people's care records. This meant the registered manager had taken appropriate action to ensure people were not detained unlawfully.

Staff understood about supporting people to make choices on a day to day basis. Where more significant decisions were required then a best interests process had been followed, to determine if the action taken was appropriate. We saw people had best interests decisions for wearing seat belts when out in the home's car, sharing information with other professionals, access to regular health care and being supported with care at the home. Best interests documentation contained good detail about the decision to be made, the

person's capacity to participate in the decision and the range of options considered. We saw that for each decision people's relatives had been consulted and their views recorded. We noted there was no clear evidence the local authority had been actively involved in the decision making process, to ensure people's rights were fully protected. The registered manager told us that because neither person had an allocated social worker a decision was made and then the form was sent to the social care duty team for allocation and consideration.

We recommend the provider ensures the local authority is proactively involved in determining best interest decisions at the point of consideration, to ensure people are fully and properly safeguarded.

People's health and well-being was supported. As part of their care records documentation, people had a specific health care file. We saw care plans regarding access to annual health checks, weight gain or loss and other health related items. We noted staff had raised a concern regarding a skin condition for one person and this had been investigated and dealt with. There was evidence in people's files that they had access to general practitioners, hospital and mental health appointments. Both people had hospital passports maintained in their file, giving important information health staff may need if they were to attend or be admitted to hospital. On the day of the inspection one person was visiting their GP for an annual health check. This meant people's health and wellbeing were supported because they had regular access to a range of services.

On the day of the inspection both people living at the home had gone out for lunch and so we did not directly observe the support they received with their meals. People had care plans that detailed how they should be supported with their food and drink. Staff told us people were involved in determining the range of food and drinks they consumed, although neither person enjoyed active involvement in meal preparation. A record of meals that people had taken was kept. We saw a variety of items were offered such as pasta bake, fish and the occasional take away meal.

We checked the stock of food available at the home and saw there was a range of fresh, frozen and dried goods available. Where there were any concerns about people's weight or ability to eat, then professional advice had been sought and we saw this was incorporated into people's care plans. People's weights were regularly recorded and monitored. One person had a particular condition which affected their fluid intake. We saw there was a plan for staff to follow to manage this and the condition was covered in their hospital passport. This meant people were supported to access appropriate levels of food and drink.

Some of the decoration in the home had been updated, but other areas were in need of refreshing. People's rooms were individualised with one room partially painted in the colours of the local football team, which the person supported. The second person's room had been equipped with various lights and displays to act as a soothing sensory environment.

Is the service caring?

Our findings

People living at the home were not able to speak with us directly. We spent some time observing how people and staff related to each other. We saw there was a good relationship between staff. Although people were not able to verbalise their feelings, they appeared happy and relaxed in staff company and smiled frequently. Staff involved them in conversations, seeking responses to questions or statements.

Relatives we spoke with told us they were happy with the care their relations received at the home. Comments from relatives included, "The care is absolutely amazing and wonderful. They really care about them and that means a tremendous amount to me"; "I've not met a single carer I was unhappy about. They love him" and "They do all that needs to be done."

Staff we spoke with were aware of the particular needs of the people they cared for and were determined that, despite their level of ability, they should be able to live as full a life as possible and be part of the community. They told us that within the local community people were well accepted. They said local shop keepers greeted people warmly and knew people's particular ways or likes. For example, they described how one person always bought a newspaper and liked to have their name on the paper to ensure people knew it was theirs. They said the local newsagent would frequently write their name on the paper when they bought it.

Staff spoke about how they tried to involve people in decisions, as far as possible. Some people had picture prompts to help them make choices or communicate what they wanted to do. One person used a combination of signs and gestures. One relative told us how staff had worked hard to develop a person's communication and they knew what even small gestures or expressions meant. They told us, "The staff have made astounding efforts. They (relation) respond in a way they never used to." Relatives told us staff involved them as far as possible in decisions or updated them with any concerns or changes in people's well-being.

The manager told us neither person living at the home had a designated social worker or care manager, but where advice was required or significant decisions needed to be made they would contact the local duty team for advice. She said consideration was being given for one person currently at the home to move into new accommodation, better suited to their individual needs. She said as part of this process, an independent advocate had been appointed to ensure the person's rights and preferences were protected and acknowledged. An advocate is an individual, independent of local organisations who represents people when they are unable to, or have difficulty in expressing their views. They ensure people's rights and views are protected in any decisions made.

Staff supported people's privacy and dignity. Each person living at the home had access to their own bathroom, bedroom and small lounge area, although there were also communal facilities. Staff ensured doors were closed when they were supporting people with personal care and care plans underlined that people should be allowed privacy when drying themselves after staff had supported them with bathing. We saw in one person's care plan that if they were remaining at home they liked to relax in jogging bottoms and

looser clothing, but wished to look smart if they were going out. We saw when this person was going out staff had supported them to dress in smart trousers and a shirt. This meant staff understood about protecting and promoting people's dignity when supporting people.

People's care plans contained information about their end of life wishes. For example, one person wanted flowers in the colour of the local football team. Another person's plan indicated they wished classical music to be played at their funeral because they enjoyed such music.

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs. One relative told us about how staff had recorded them playing the piano, which their relation enjoyed, so they could listen to them any time. They also told us staff would sometimes collect them to take them to visit their relation, if they were unable to use public transport.

People had wide ranging and detailed care plans. People's care records were divided into separate folders detailing health needs, financial decisions, personal details (All about me) and maximising independence. Records contained good detail about people as individuals. The 'All about me' documents identified people's preferred name, favourite foods, suggested what a good day would look like for the person and what their aspirations were.

The registered manager told us both people living at the home had been there a number of years and had moved to the accommodation from a hospital setting. She said their overall care needs were assessed at least on an annual basis by the local authority, who allocated a social worker at the required time. She said although people had no dedicated social worker, the home tended to work with a small group of social workers from the duty team, who knew both people living at the home well.

Care plans contained detailed information about how staff should support people and also information for visiting professionals to follow when supporting people. For example, for one person, in relation to communication, staff were advised to use short sentences and the plan also identified certain words that could cause the person to become anxious. The plan also contained words personal to the individual, and their meaning, to help staff understand the person. For example, the person enjoyed watching soaps on television. Their word for "EastEnders" was "bum, bum, bum", a representation of the programme's theme tune. Plans also detailed how staff should respond to affection from people and how to ensure appropriate boundaries were maintained. There were also care plans related to activities people enjoyed, their health care needs, diet, support with their behaviour and personal care. These plans also had good detail. For example, the personal care plan explained how the person liked to have their hair washed.

Care plans were reviewed on a monthly basis and additional information added where necessary, although we saw this was often just handwritten at certain points in the plan and review records did not always detail the actual changes or updates that had been included. We spoke with the registered manager about this. She acknowledged the issues with this and said she would speak with staff about updating plans. She said because it was a small staff group, and there were always shift handovers, most staff would be made aware of any changes to people's care or any concerns. Staff we spoke with had a good understanding of people's needs. They were able to describe issues related to any health matters people had and demonstrated a good understanding of people's individual gestures or communication methods. This meant people had detailed care plans that reflected their needs and care was reviewed and revised, as necessary.

People had a range of individual activities they were supported with. On the day of the inspection both people living at the home had been supported to go out for lunch. In the afternoon one person was

attending a local day centre and another person was being taken out for a drive and a coffee, combined with a health appointment at the local GP surgery. Care records demonstrated people were supported to engage in activities on a regular basis, including trips to the cinema, local places of interest, shopping trips and visits to family. Family members confirmed people went out regularly and that they had frequent contact with them. Staff told us one person enjoyed a massage and that a therapist visited them weekly to support them with this. We saw this activity was included on their weekly activity diary.

The registered manager told us there had been no formal complaints within the last 12 months. Relatives we spoke with confirmed they would speak with the registered manager if they had any concerns, but said they had not raised any recent complaints about care. One relative told us, "I couldn't complain about the care. It is good; in fact it is exceptional." Although people could not verbalise complaints directly, staff were able to describe the gestures or expressions of people if they were unhappy about anything or they did not want to engage in certain activities.

Is the service well-led?

Our findings

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since July 2015. A registered manager is a person who has registered with the CQC 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. We were supported by the registered manager throughout the inspection.

The registered manager explained that she managed a number of small services for the provider. She said that she spent approximately two days a week at the Abshot Road site, but at other times there was a senior support worker on duty. She explained that she had daily telephone contact with the home and regular email contact, if there were any concerns. One relative said they would prefer a full time manager at the service but said the shared manager position had not directly affected their relation's care.

The registered manager demonstrated a number of checks and audits were carried out at the home including health and safety checks and regular monitoring of people's medicine stocks. She showed us a copy of the quality self-audit she had completed. She said the provider had recently introduced a new audit and overview system (Q-Pulse). Any action points from this survey or highlighted with the regional manager would be logged on this system and monitored by both the regional manager and the registered manager. The registered manager later sent us a copy of entries from this system. Whilst it was noted what the action was and the date the action was said to have been completed, it was not always possible to see what action had been taken to address the issue or the concern.

Relatives we spoke with told us they knew who the registered manager was and that they were able to speak with her if they wished. One relative told us the registered manager had visited them at home to discuss some important issues about their relation's care.

Staff we spoke with told us both the registered manager and the senior support worker at the home were supportive. Comments included, "(Registered manager) is very easy going; very reasonable. She listens to you and respects what you have to say. She will take your ideas on board. She is very supportive" and "(Registered manager) is nice; a good manager. Very approachable about anything." Staff said they enjoyed their work and felt that there was a good staff team to support people. Staff told us, "New staff are gelling. We support each other"; "It's a good team to work with. We all pitch in and do what needs to be done" and "What makes me come to work? The team and the guys and looking after them. You never know what the day is going to be like and that's interesting and motivating."

We saw evidence of bi-monthly staff meetings taking place and noted that a range of issues were discussed, including both care matters and corporate issues. The meeting celebrated success stories within the team, reviewed any issues arising from recent safeguarding matters and looked at areas of care that had worked well. For example, one person had been on a recent shopping trip, which had been very successful, so staff were encouraged to repeat this type of event. Staff told us they could raise any issue they wished in team

meetings and the matters would be taken seriously.

Relatives' views about care had been formally sought through the use of a questionnaire. Comments were in the main positive about the home and the staff support. Relatives indicated that people were treated with dignity and respect and that staff always acted professionally. They said they felt as involved as they could be and that their relations seemed happy at the home.

With the exception of some minor issues with the care plan reviews we found records at the home were well kept, up to date and contained good detail about the activities that people had been engaged in. Where necessary charts linked to the monitoring of people's behaviour had been completed and identified the events that took place and the actions of the staff.