

## Community Integrated Care

# Community Integrated Care (CIC) - 2 Seafarers Walk

### Inspection report

2 Seafarers Walk  
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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

Community Integrated Care (CIC) – 2 Seafarers Walk is a residential care home providing accommodation and personal care to five people living with a learning disability or autistic spectrum disorder at the time of the inspection. The service can support up to five people in one adapted building.

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 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 continued to receive safe care at Community Integrated Care (CIC) - 2 Seafarers Walk. People's relatives spoke highly of the quality of care people received and told us their relatives were safely cared for. People's risks were assessed, and staff knew how to support people to minimise risks to their health and wellbeing. Safeguarding concerns were acted on appropriately and checks were carried out to protect people from the employment of unsuitable staff. Some improvements were required in the management of people's medicines and the registered manager acted to address these immediately following our inspection.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for 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 gain new skills and become more independent.

Staff completed training to enable them to effectively meet people's needs and were supported in their role. Staff acted on healthcare concerns to ensure people received the treatment they needed and regular check-ups

People were supported by kind, caring and compassionate staff. A person's relative said "They [staff] are angels, they are so nice." Staff knew how to provide respectful care, to promote people's dignity and right to privacy.

Person centred care plans described how people preferred to receive their care and included information on how to meet people's communication needs. Activities in the service and the community were provided so that people could have new experiences and maintain their interests.

The provider, registered manager and senior support worker promoted a positive culture for people and staff. A system was in place to monitor the quality and safety of the service, some audits required action plans and more robust monitoring. The registered manager acted to address this.

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 Good (published 28 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Integrated Care (CIC) - 2 Seafarers Walk on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Community Integrated Care (CIC) - 2 Seafarers Walk

## **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

This inspection was carried out by one inspector

#### Service and service type

Community Integrated Care (CIC) - 2 Seafarers Walk is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with one person who used the service and one person's relative about their experience of the care provided. We spent time observing care of other people to help us understand the experience of people who could not talk with us. We spoke with four members of staff including the registered manager, senior support worker and two support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment, quality assurance records and some health and safety records. The registered manager updated us on the actions they had taken in response to our feedback. We spoke with two people's relatives.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service continued to provide safe care. People's relatives told us people were safely cared for at the service. A relative said "Absolutely brilliant I can't fault them. They treat her like [person] were their relative I'm sure [person] would not be alive if they didn't have the superb care they give." Another relative said "Yes, [person] is safe, they look after people very well."
- Policies and procedures were in place to guide staff on how to report any concerns about abuse. Staff told us they knew the signs which could indicate concerns, including when people were unable to express themselves verbally. Staff understood how to report concerns and told us they were confident these would be acted on by the senior support worker and registered manager.
- The registered manager notified CQC of safeguarding incidents and worked with the local authority safeguarding team to ensure appropriate actions were taken when incidents occurred.
- Systems were in place to check people's money was safely managed where the service was responsible.

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff on the care people required to minimise and prevent risks to their health and wellbeing. These included risks with eating and drinking, moving and handling, medicines and finances.
- We noted some restrictions in place to support people's safety such as the use of bed rails had not been assessed for the risks associated with their use. We spoke to the registered manager about this who has acted to address this.
- Staff we spoke with were knowledgeable about people's risks and knew how to support them safely. This included enabling people to take risks to enhance their quality of life. For example; a person with complex needs was taken by train to Brighton for the day which was the first time they had experienced this. A staff member said, "It was amazing, it was one of those risks that just had to be taken."
- Risks to people from the environment and emergency situations were assessed. People had Personal Emergency Evacuation Plans (PEEP's) in place to explain the support they would need to evacuate the building should the need arise. People had practised an evacuation to ensure these plans were safe and effective.
- Information was also available on people's important health and communication needs to ensure these were available at times of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff and relatives confirmed there were sufficient staff available to support people safely and to meet their activity needs.
- An effective system was in place to check staff were safely recruited and all the required checks were

carried out to protect people from the employment of unsuitable staff.

#### Using medicines safely

- We found some improvements were required in the safe storage of people's medicines. This included dating creams and liquids when opened as some medicines have a reduced expiry date once opened. The temperature of medicines storage in people's rooms and in the medicine's cupboard in the laundry, was not being monitored at the time of the inspection. This is important to ensure they met the manufacturers' storage instructions and remained effective.
- We found some information for medicines prescribed 'as required' such as for pain relief was not recorded and available to guide staff on their safe use. Not all prescribed creams had a body chart in place to show where they should be applied. However, medicines in use were in date and staff knew people needs well and told us where creams were applied and when 'as required' medicines were used. The registered manager took immediate action to address these concerns.
- Procedures were in place and followed for the safe administration and disposal of medicines. Records showed people received their medicines as prescribed.
- Staff completed training in medicines management and their competency was assessed before they administered medicines and annually to check they continued to support people safely.
- Medication care plans and risk assessments described people's needs in relation to their medicines.

#### Preventing and controlling infection

- Procedures were in place to protect people from the risks associated with the spread of infection. Staff used Protective Personal Equipment (PPE) such as gloves and aprons when supporting people with their personal care.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and reviewed by the registered manager and the provider's quality team. Actions were taken as a result to prevent a reoccurrence. Trends were identified by the quality team and the registered manager. We discussed an example of how this had led to team learning about the relationship between physical and mental health.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were holistically assessed. A care plan was developed from a needs assessment to show how people preferred to receive care that met their assessed needs.
- Staff had access to policies and procedures based on current standards and the law.

Staff support: induction, training, skills and experience

- Staff completed an induction into their role. A staff member said, "My induction was fine, firstly I did a shadow that way I could read about and speak to people about their [people's] needs, likes and dislikes."
- Staff completed training on induction and this was regularly updated. The service had 97.8% compliance with the completion of training required by the provider.
- Staff completed training in the needs of people they supported. This included Percutaneous Endoscopic Gastrostomy (PEG) training. A PEG is a feeding tube directly into the stomach for people who are unable to take adequate nutrition through the mouth. Staff were trained and assessed as competent by healthcare professionals and had access to an app which enabled them to access support and information as required. Other training included; moving and positioning, autism and dysphagia (swallowing difficulties) training.
- Staff spoke positively about the training provided and people's relatives told us they thought the staff were well trained.

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

- Staff were aware of people's eating and drinking needs such as how to support people at risk of choking and how to manage a person's nutritional needs via a PEG.
- Most people were unable to contribute to menu planning so staff devised the menu and included foods people liked. These were planned, and we saw they included healthy and nutritious options.

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

- People did not have specific oral health care plans. However, the registered manager told us the provider was currently developing their practice in this area. People were supported to have dental check-ups and treatment if required.
- People received the healthcare support they required. The service was proactive in addressing people's healthcare needs and had worked with other healthcare professionals to ensure staff were supported and trained to meet people's needs when they changed. A person's relative said "They [staff] understand if [person] is in pain and they notify the doctor."
- People's care plan contained detailed information about their healthcare needs. This included a Health

Action Plan (HAP) which identifies the support people required with their healthcare needs and when they received this.

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

- Accommodation was provided in a purpose-built bungalow which was wheelchair accessible and provided a safer environment for people with mobility needs. A garden was accessible to the rear of the home which allowed people who could to access the patio area independently.
- The service had an assisted bath and overhead hoist to support people's mobility needs.
- People's rooms were personalised with pictures and objects to reflect their interests. A person told us "I chose those" referring to the flowers in their room and their penguin slippers.
- The property was owned by a social landlord and the registered manager worked with them to ensure the building was fit for purpose and well-maintained.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Authorised DoLS were in place or applications had been made and were awaiting approval by the local authority.
- Mental capacity assessments and best interest decisions were recorded to support decisions made about people's care such as; managing finances, medication and receiving care and treatment.
- Some restrictions such as the use of bed rails were not supported by a mental capacity assessment or best interest decision. We discussed this with the registered manager who confirmed they had addressed this following the inspection.
- People's relatives told us they were involved in best interest decisions about people's care. For example, a relative said "Yes when there is an issue come up the staff phone me up and we discuss it, or I go up there and we work it out – I am consulted in every aspect of [person's] care.
- Staff we spoke with told us they understood how people, who could, indicated their needs and/or consent. A person's relative said "Although [person] can't talk they [staff] know what [person] wants."

# 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 the same. 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

- A person said, "Yes the staff are kind to me, they look after me." People's relatives' comments included "This is [person] second home, [person] loves everybody there and you can tell by their [staff] responses they love [person] too." "They go beyond the normal routines they look after [person] and take [person] out and they understand them [person non-verbal] I don't know how they do it, it's incredible."
- We observed staff were kind and caring in their interventions with people. It was clear staff knew people well, what they enjoyed and what they needed. A staff member told us about what people liked and this included; 'messaging around, having a chat and nails painted and having their head rubbed.'
- Staff understood how to help people to calm down if they became agitated or distressed. For example, a staff member said "[person] I know likes to be occupied with doing things with their hands and today we just made a teapot, so I asked them to fill it with water and although [person] was agitated they are not now."
- The registered manager told us information about people's diverse needs were identified through either the initial assessment or what the service was able to learn about the person from their family. Staff completed training in equality and diversity to support the delivery of respectful and appropriate care.

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

- Most people were unable to be involved in making decisions about their care. Decisions were made in their best interests by people who knew them well. A relative said "[person] can't indicate what they want or need, so they have to do it on behalf of [person] they do call me about decisions, I am always informed."
- One person was supported by an advocate which is an independent person who can support people in making decisions and representing their decisions to others.

Respecting and promoting people's privacy, dignity and independence

- A relative said "They [staff] are absolutely respectful of [person's] privacy and dignity."
- Staff we spoke with understood how to provide respectful and dignified care. Staff described how they shut doors and closed curtains when giving personal care and made sure people were covered to promote their dignity.
- The senior support worker worked alongside staff to monitor staff behaviours and interactions with people and ensure people were cared for appropriately.

# 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 Good. At this inspection this key question has remained the same. 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

- People's relatives told us their relatives needs were met by the service. A relative said "It's all of it really (care) they take [person] out on holiday and they are trying to introduce [person] to the community I think that is excellent – [person] can go out in a wheelchair but has a very twisted body and as [person] has grown older it becomes more difficult, up to now they have adapted the wheelchair to her body."
- Another relative said "Well they bath [person] they get [person] out of bed and dress [person] they do everything for [person] they [staff] love [person] – all of them love [person]."
- People had person centred care plans that described their needs, preferences and important information. These included people's preferred routines, what they enjoyed and what made a 'good day' for the person. Daily records were kept which showed people had received their care as planned.
- We observed a staff handover, information was given about people's activities and needs and any concerns. When an incident was discussed the service had acted to respond to the occurrence having recognised the person's needs were changing.

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.

- People's communication needs were described in their care plans this included information on what people may be expressing when they were non-verbal.
- Information about people's communication needs was available for other services such as, hospital staff and emergency services should this be required.
- People were supported to understand information as far as they were able, or decisions were made in their best interests.

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

- People were supported to maintain relationships with people that matter to them. People's relatives told us they were welcomed into the home including for special occasions such as parties and Christmas celebrations. One relative told us how they enjoyed visiting their relative in the home and although they were offered privacy they chose to visit with everybody.
- People were supported to take part in a range of activities and to go out into the community. This included shopping, swimming and visiting cafes, holidays and days out. Activities in the home included visits by a

sensory dog, music for health and activities to meet people's personal interests.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. People's relatives told us if they had a complaint they would talk to staff or the registered manager and were confident their concerns would be listened to and acted on.
- A complaints procedure was in place which detailed the responsibilities of staff in responding to complaints and how these would be monitored and investigated.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Care plans to describe people's wishes and decisions at the end of their life were in place for those people and their relatives who had agreed to this. The registered manager told us the provider was updating their end of life care planning document and these would be completed for people wherever possible or when needed.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us the provider had a new strategy which focused on improving people's lives and rewarding staff. The provider had just won a prestigious award as charity of the year in recognition of this strategy.
- Key messages from the strategy were delivered at roadshows to service leaders who discussed them with staff. The registered manager told us how they had met with staff at the service to discuss these. These included; learning and development opportunities, valuing staff, improved care planning and quality reviews.
- Staff told us the culture in the service was positive. A staff member said "We are an amazing team – we make plans we know what we have to do where to start and how to start and everything we do is to make our service users happy what they need and what they want. – we don't need to be told what to do and we support each other."
- The service had experienced changes in management and the current registered manager was responsible for several of the provider's services. A new registered manager was being recruited to manage three services including 2 Seafarers Walk. The day to day leadership was currently provided by the senior support worker with support from the registered manager.
- Staff spoke positively about the leadership of both the registered manager and senior support worker.
- Their comments included "I find her [registered manager] very supportive, whenever we need her she is always there and has an answer straight away." "[senior support worker] is brilliant and [registered manager] comes here when she possibly can, there is enough support available."

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 responsibilities under the duty of candour to be open and transparent about incidents. They told us that where necessary an apology would be made. They had not had to act on this in relation to this service.

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

- The registered manager understood their regulatory requirements. Notifications were submitted to CQC as required. They told us they made staff aware of the legislation they needed to follow to meet these requirements.

- A system was in place to monitor the quality and safety of the service and this included checking compliance with the regulations. The provider's quality team carried out these checks and an action plan was produced from their findings. Actions were checked for completion.
- The registered manager completed monthly audits of the service including reviewing an area of practice such as medication, finances and care plans.
- Other audits were carried out by senior staff, we noted that audits did not always include an action plan and some actions identified were not checked for completion. We discussed this with the registered manager who said the changes in manager may have impacted on this. They have acted to address this.
- Daily checks were in place to ensure people's medication and finances were safely managed. People's appointments and any phone calls made or received regarding their care were recorded so that care plans could be updated and monitored if new information was received.
- Staff were supported to be clear about their role through team meetings, supervision and appraisal. Staff told us they were listened to and supported by the senior worker and registered manager.

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

- People's relatives told us they were asked for their views on the service. A relative said "Yes they do send a questionnaire on occasion and that goes to the manager and I can express my views at a review – once a year if there is an issue then we will review it and come to a decision between us all."
- The annual staff survey was not carried out in 2018 due to changes in the organisation and the launch of the new strategy. Staff we spoke with told us their views were sought and listened to. A staff member said, "We are listened to in team meetings, when we meet we all get to put our point across and when the meeting agenda comes out we can write down what we want to talk about."
- We discussed how people's views were sought when they had communication difficulties and did not have a representative. The registered manager said, "We asked staff in the absence of families to give their views this is a little bit controversial, but we have tried it as staff might know something, it's about not missing information that staff may have." They told us information was currently being collated which would result in an action plan for each service.
- Policies were in place to support the human rights of people supported and staff. We discussed an example of how staff needs in relation to their protected characteristics had been considered to promote inclusion and equality in the workforce.

Continuous learning and improving care

- The provider's strategy was based on driving improvements in services, the organisation and in social care. This demonstrated the provider's commitment to improving the quality of life for people using their services.
- Incidents were used to make improvements for example, the service had used learning from incidents to ensure people's health needs were robustly addressed and plans were updated to meet their changed needs.
- People's daily care records were reviewed monthly and these reviews were used to identify what had been tried and what had worked well. This enabled staff to analyse interventions so that effective responses could be shared.

Working in partnership with others

- The south west region of the providers services had formed a partnership with Portsmouth football club 'Pompey in the community' this meant people could attend matches and fitness sessions.
- The service worked with healthcare professionals such as learning disability nurses and social care team to support good outcomes for people.

