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The Highviews

Inspection report

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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: The Highviews is a small care home for up to six adults with learning disabilities. People receiving the service also live with health conditions including epilepsy, mental health conditions and physical disabilities. The home is a large two story house, with a well-kept garden. It is situated in a residential area of Saltdean, on the outskirts of Brighton.

The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. These values were seen consistently in practice at the service. For example, some people were receiving the assistance with communication they needed so that they could live independent lives and were supported to do so.

People's experience of using this service:

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were sufficient staff available to meet people's needs promptly. People received their medicines safely. Incidents and accidents were looked into and actions taken to prevent a reoccurrence. Infection control procedures were followed by staff.

People's needs were assessed and care was planned and delivered to meet legislation and good practice guidance. People were happy with the food provided. People were supported to have maximum choice in their lives and staff sought consent from people. One person said, "I can make my own choices about what to wear and what to eat. Staff respect this." When people were unable to make decisions about their care and support, staff followed the principles of the Mental Capacity Act (2005). People were supported by staff who received regular training to meet their needs. One person told us, "The staff are very good, they work very hard."

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to used to improve the service they received. Staff had training and experience to provide end of life support when people needed it.

The registered manager and provider were well regarded and had a clear vision for the service which was understood by the staff and embedded within their practice. There were effective quality assurance systems in place that were used to drive service improvements. People, their relatives and staff were asked for their feedback about the home and meetings were held regularly.

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

Rating at last inspection: The rating at the last inspection was Good. The last report was published on 15 August 2016

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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 ●

The Highviews

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Highviews is registered as a care home service without nursing for up to six people with learning disabilities. At the time of the inspection there were five people living at the service. 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 took place on 13 June 2019. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed the information we had received about the service since the last inspection in June 2016. This included details about incidents the provider had notified us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with five people who lived at the service to obtain their views of the care they received. We spent

time observing the care and support that people received. We spoke to the provider, deputy manager and senior carer. The registered manager was not available during the inspection. We also spoke to one professional during the inspection.

Following the inspection, we spoke to two relatives. We looked at a range of documents including policies and procedures, care records for five people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and staff rotas. We looked at the provider's information and auditing systems and processes.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe living at The Highviews. One person said, "Its safe here. They lock the doors so no one can get in."
- People were consistently protected from abuse. Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe.
- Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. One staff member said, "Our residents are very sensitive I wouldn't ask questions directly straight away and inform the manager."
- There were comprehensive safeguarding policies and risk assessments in place to ensure people were safe from abuse. For example, safeguards were in place to ensure that people's money was protected. Many people at the service at risk of being financially exploited and vulnerability due to not knowing the value of money. People received support from staff to ensure that correct benefits are received, safe storage of money, budgeting and guidance for staff in ensuring all purchases are receipted and recorded.

Assessing risk, safety monitoring and management

- People were consistently protected from the risk of harm. Risks to people had been identified, and were clearly documented. For example, one person's mobility had deteriorated and their risk assessment had been updated to reflect their changing needs. Risks had been identified and actions for staff had been put in place to mitigate these risks.
- Two people had been assessed as sometimes exhibiting behaviours that may challenge. There were risk assessments and guidelines in place for staff to manage this effectively and safely. These focussed on triggers for any changes in people's behaviour and the specific actions that staff should put in place to support that person. One person told us that staff had had a positive impact on how safe they felt when they moved to the service. They said, "Before I moved here I used to have a lot of nightmares. Its got better since I moved here because I know I'm safe here."
- Environmental risks had been assessed. The equipment used to support people, such as hoists and slings had been monitored, checked and serviced regularly. Risks from fire were managed well. People had individual personal evacuation plans to ensure that they were supported properly in the event of an evacuation.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The number of staff required was assessed based on people's support needs. Some people required one to one support and staffing levels included providing staff to accompany people on activities outside of the service.
- Staff told us that they felt there were enough staff to undertake people's care safely.

- Recruitment checks were robust and ensured people were supported by staff who were safe to work before they started work at the service.
- Checks were made to ensure staff were of good character and suitable for the role. This included obtaining suitable references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services.

Using medicines safely

- People's medicines were managed, administered and stored safely. Staff had received training in the administration of medicines. Staff showed good knowledge of what specific medicines were for.
- Medication Administration Records (MAR) showed that people received their medicines as prescribed and these records were completed accurately.
- Where people had as and when needed (PRN) medicines staff were supported by comprehensive PRN protocols. These protocols guided staff about the prescribed medicine and how to know that the person needed the medicine. One medicine was prescribed for someone who exhibited behaviour that could sometimes be challenging. Guidance for staff reinforced that their PRN medicine was to be used as a last resort, and that staff should ensure that other interventions were tried before considering their medicine.
- Staff were responsive when people's medicines changed. One person's medicines had changed following guidance from Speech and Language Therapists (SALT) that stated medicines should not be in tablet form. Our observations showed that the person was receiving both liquid and dissolvable medicines.
- Effective auditing systems were in place to check the quality of staff's administration and management of medicines.

Preventing and controlling infection

- Staff ensured that the service was well maintained and remained clean. The service had a cleaning schedule in place to ensure ongoing prevention and control of infection.
- The service was odour free throughout the inspection and staff kept areas tidy and clean.
- Staff were observed wearing personal protective equipment when supporting people. One staff member was conscious of preventing cross contamination when demonstrating medicine procedures to the inspection team, by ensuring minimal contact with medicine dispensers.
- Environmental health and safety checks undertaken as well as audits on the effectiveness of laundry. We saw records that showed regular auditing of infection control measures.

Learning lessons when things go wrong

- Lessons had been learnt by staff in order to improve practice and delivery of care. Accidents and incidents had been completed and the management team analysed these to drive improvements in the care provided. One person had lost their balance when mobilising from their chair. The provider had worked proactively to address the person's worsening mobility by comprehensively reassessing their care plan and putting in measures to monitor their transfers.
- The registered manager used outcomes of audits from the provider's quality assurance systems to improve the quality of the service.

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

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

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics were explored and recorded appropriately.
- People with behaviours that may challenge had care plans which highlighted essential information such as people's diagnoses and known triggers for behaviours.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf. Staff supported people to access an advocate or advocacy service.

Staff support: induction, training, skills and experience

- Staff told us that they had the training they needed to work effectively with people. Training had been identified that was considered essential for staff to complete. These included positive behaviour support, moving and handling, safeguarding, MCA, medication and nutrition. Training was arranged according to the needs of the people living at The Highviews.
- When people's needs had changed, the provider had arranged for specific training to be provided to support this need. For example, training in Dysphasia was provided for staff after one person required support to manage their food intake and specific nutritional guidance was put in place. Dysphagia is when a person has difficulty swallowing certain foods or liquids. One staff member told us, "The course was very helpful. I will always get something from the courses."
- New staff were expected to complete the care certificate. The care certificate is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- Staff told us that they felt well supported in their roles and were provided with regular supervisions sessions.

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

- People were supported to have enough to eat and drink and told us that they liked the food they received.
- People were given choices of what they wished to eat and were provided alternatives if they requested this. People were encouraged to have a balanced, healthy diet. People, their relatives and staff told us there was an emphasis on providing people with as much fruit, vegetables and healthy food as possible. One relative told us, "There is a lot of choice. They cook from scratch and have a lot of fresh food."
- People enjoyed their mealtime and the food we saw looked fresh and nutritious. One person, who ate lunch later than others, was given an alternative to the main lunch choice. Although they were eating by themselves, staff and residents stayed in the dining room to keep them company.

- People were encouraged and supported to help in the preparation of their own meals. One person had already prepared a salad on the morning of the inspection ready for lunch. One person told us, "You get a choice of what you want to eat. The food is very nice actually. They make nice dinners and make a packed lunch for me sometimes. I sometimes make my own sandwiches."
- People's specific dietary needs were known and met effectively by staff. For example, one person had been assessed as being at risk of choking. The guidance provided by Speech and Language Therapists (SALT) was being followed by staff. This guidance was also displayed in kitchen for staff together with a list of food that would put that person at risk. We observed staff following this guidance correctly by ensuring the correct utensils were being used, that the person was being observed throughout their meal and that they were correctly positioned when eating.

Staff working with other agencies to provide consistent, effective, timely care

- Links had been established with health and social care professionals.
- Staff had a communications book and would write daily updates to each other about changing needs for any of the people living there.
- The registered manager and provider worked closely with the local authority and community health learning disability teams.

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

- People's needs were met by the design and decoration of the home. Some people used wheelchairs to mobilise and hallways and communal areas were of sufficient size and decoration to support them safely and efficiently.
- People were supported to access the community through the providers minibus.

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

- People had access to a range of healthcare professionals. Records showed that referrals to specialist services like SALT (Speech and Language Therapists) were made in a timely manner.
- People's needs were detailed within hospital, or care passports. This provided details to clinical staff as to what the persons current health and care needs should they be admitted to hospital.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where DoLS applications had been submitted, the registered manager monitored when they needed to be renewed and how conditions on authorisations were being met by staff. Records showed that staff were meeting the conditions on the relevant authorisations.
- Care records showed how consent from people had been obtained and or their capacity to make a decision assessed. Where necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction that was necessary for their safety.

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

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

- People told us that staff were very kind, caring and friendly and we saw that interactions were warm. One person said, "I think they are excellent. They are very caring."
- People's diverse needs were respected and care plans identified people's cultural and spiritual needs. People accessed faith services independently and staff respected and supported their choices.
- Staff provided people with emotional support when they needed it. One staff member told us, "They are my family. If I notice something is wrong, I will ask them privately if they are ok." One person said, "If I'm feeling a bit low, they put my mind on something else. It calms me down."
- The Highviews was supported by a small committed staff group, some of whom had been supporting people for a number of years. People told us, and our observations confirmed, that they had developed a trust and affection for staff who knew their emotional and care needs extremely well. One staff member told us, "It feels more like a family than a care home."
- Relatives and friends could visit the home at any time. People were supported to maintain friendships that were meaningful to them. People were supported to maintain relationships with each other in the home. For example, two people took a lunchtime walk together in the area around the service.

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

- People were encouraged and supported to express their views and to be involved in decisions relating to their care. One person had requested to be more actively involved in the regular residents meetings. They said, "I volunteer to chair house meetings. It encourages me to speak. I feel like I'm taking part in it."
- People made day-to-day choices about what they wanted to do and when then wanted to get up or go to bed. One person told us, "I can make my own choices about what to wear and what to eat. Staff respect this."
- Staff communicated with people in a way that they preferred and that met their needs. Communication was done in line with people's care plans. One person told us, "The staff talk softly to me as I don't like loud voices which scare me."

Respecting and promoting people's privacy, dignity and independence

- People spent their time with others in the communal areas and within their own rooms. Staff respected their privacy. People told us that staff would knock their bedroom doors and wait for an answer before entering.
- Staff understood how to treat people with dignity whilst encouraging their independence. People told us that staff would encourage them to complete tasks and activities as much as possible.
- The service followed data protection law. The information we saw about people was kept confidentially. This meant that people's private information was kept securely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- People had detailed 'All about me' documents which contained their personal histories, family life, preferences and interests.
- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about the care people required to manage their health conditions.
- We found that the provider had considered and implemented the guidance within the Accessible Information Standards (AIS). All providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard in full from August 2016 onwards. This means they must, identify, record, flag, share and meet the information and communication needs relating to people with a disability, impairment or sensory loss. The provider had identified people's different communication needs, in line with these standards, and had assessed how information should be recorded or shared with the person in an accessible way that met their communication needs.
- Staff understood people's information and communication needs. These were identified recorded and highlighted in people's care plans and shared appropriately with other professionals involved in people's care. Easy read complaints policies were available to support people raising issues if they needed to.
- People had access to a range of activities and were supported to follow their interests. We observed people engaged in games and activities during the inspection. There was a good level of engagement and stimulation and staff were very supportive.
- People were supported in group and one to one activities outside the home. One relative told us, "They are good taking them on holidays. They go to shows, and go out in groups. They do get one to ones." Another family member said, "The staff seem to hone into the person. They ask them what they need. They have weekly meeting to talk about activities."
- People were supported to discuss their activities and plans at weekly meetings. Records showed a strong real emphasis on the promotion of activities and consistent engagement of people. People were given the opportunity to discuss their activities and schedules and whether they would like things to be changed. People told us that staff were very supportive of their ideas and took steps to ensure that requests were met. One person told us, "They take me on outings. I go to the library as I like computers."
- One person was supported to maintain their voluntary work at a local charity shop. The person said, "I tidy clothes there. I try to be active during the week. Staff help me to be independent."

Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated and provided a timely response. They also

kept a record of any minor concerns or issues discussed with them and the action they had taken in response.

- People and relatives we spoke could not recall having to make a formal complaint. Relatives told us that minor issues that were raised were dealt with quickly and professionally by staff.

End of life care and support

- There was nobody receiving end of life care at the service at the time of the inspection.

- When people were nearing the end of the life, staff assessed their needs and developed detailed end of life care plans with information about how their care would be managed, and their choices and wishes in relation to their future care.

- Staff had recently supported a person at the end of their life. The person's relative told us that staff had attended the funeral and showed compassion towards them and their family. One family member told us, "We felt so appreciative that he had a nice place to be. They would do things to make him smile."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The care and support people received was designed in a person-centred way and delivered to a good standard.
- The registered manager and provider told us that one of their key aims was to achieve good outcomes for people. People were supported weekly to discuss their activities and weekly planning. This meant that different ideas and preferences could be supported by staff on an ongoing basis to ensure that people's support remained person centred and outcome focussed.
- Staff told us that they felt well supported and valued by the management team, through regular supervisions, staff meetings and informal discussions. One staff member told us that the manager and provider had been very supportive when they required additional support outside of their work role.

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

- The service was well led by an experienced registered manager, provider and a supporting care team. The registered manager and provider spent time with people and staff to ensure a high standard of care was delivered. The provider had confidence and trust in the support workers. One staff member told us, "The manager helps us a lot. They provide direct support to (person) when they are feeling depressed by taking them out and talking to them. (The person) responds well to the manager."
- We found an open culture at the service where people and staff felt comfortable voicing their views and opinions. People told us that the manager and provider were engaged and supportive. One staff member said, "They are open and transparent. I wouldn't stay if they weren't." A family member told us, "I would always voice any concerns and they would be responded to."
- The provider was clear about their responsibilities for reporting to the CQC and their regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- People and relatives were encouraged to contribute their views on an ongoing basis informally and through regular feedback surveys.
- People and staff were involved in developing the service. There were regular resident's meetings where things like meals and outings were discussed.
- There were processes in place to gather feedback about the quality of the service from people, their relatives, while multi agency feedback was sought from healthcare professionals.

We saw positive feedback about the standard of care in the most recent questionnaires completed by people and their family members. The provider had used this feedback to drive improvements in the service. For example, one person had commented that they would like to go out for a walk more often. Although the person could do this independently, staff proactively encouraged the person to go for walks in the local area. We observed staff preparing the person to go out for a walk during the inspection.

Continuous learning and improving care

- A range of audits had been developed to measure and monitor the service overall. Audits were undertaken and the manager and provider used these to improve the service. Quality assurance checks were carried out for medicine management, environmental and health and safety checks. The provider carried out an audit of people's mattresses to ensure quality was maintained.
- The provider ensured that a person centred approach was consistently delivered through staff performance monitoring audits. These assessed staffs' knowledge of resident's needs, current legislation and guidance on consent, as well as their delivery of person centred care and principles.

Working in partnership with others

- The registered manager and provider had worked closely with local authority commissioning and learning disability care management teams.
- There was good partnership working with healthcare professionals such as GP's, moving and handling assessors and speech and language therapists to meet people's needs.