

Community Integrated Care

Community Integrated Care (CIC) - 4 Seafarers Walk

Inspection report

4 Seafarers Walk
Sandy Point
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Hampshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 June 2017 and was announced.

4 Seafarers Walk is situated in a quiet residential area to the south east of Hayling Island. The home is a bungalow which was purpose built to provide accommodation and care to five people with learning and physical disabilities. At the time of this inspection there were four people living in the service. There were eight permanent support workers, which included two senior support workers, three agency support workers and one registered manager who was the service lead.

A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection in May 2015 we made a recommendation for the provider to refer to the Mental Capacity Act 2005 and its codes of practice. This was because mental capacity assessments had not been reviewed in line with legislation. At this inspection we found the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

Financial checking systems in place were not always safely followed and audits in place did not always prevent people's money from being at risk of loss or being taken without permission. We have made a recommendation to the provider to ensure staff review and follow their policy on managing peoples monies.

Staff knew what they should do to keep people safe from harm and safeguarding concerns and incidents were reported and investigated. Risk assessments were completed for each person which identified risks to themselves and others. There were enough staff to meet peoples needs and keep them safe. Safe recruitment, medicines and fire practices were followed.

Staff were skilled and experienced to support people at the service, felt well supported and attended regular supervision, appraisal and training sessions. People were supported to eat and drink in line with their support plans and health needs. People regularly accessed external health and social care services.

Staff were kind and caring and respected people's dignity and privacy whilst providing personal care. People received an individualised and personalised service and staff knew them well. People's preferences were taken into consideration and people were supported to be as independent as possible and consent to their care. Positive compliments had been received into the service thanking the staff for the support they provided to people

Support plans were in place, sufficiently detailed and reviewed regularly. Complaints had not been received into the service. People took part in meaningful activities.

Staff felt the manager was approachable and communicative and encouraged them to develop their skills. Audits to analyse the quality and safety of the service were in place and mostly effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Financial records were not always completed accurately.

Risk assessments were in place and safe recruitment, medicines and fire practices were in place.

There were enough staff to meet peoples needs and keep them safe

Is the service effective?

Good 

The service was effective.

Staff received regular training, supervision and appraisal.

The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

People were supported to eat and drink well and have access to health and social care services.

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and respected people's privacy and dignity.

People received a personalised service which promoted their independence and recognised their choices, preferences and wishes.

People were supported to consent to their care.

Is the service responsive?

Good 

The service was responsive.

People had support plans which were up to date and detailed.

People took part in meaningful activities.

Complaints had not been received into the service.

Is the service well-led?

The service was not always well-led

Audits were in place to assess the overall quality and safety of the service, however financial audits did not always prevent people's monies from being taken because the correct financial processes were not always followed.

There was good leadership at the service.

Requires Improvement ●

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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 27 June 2017 and was announced. We announced the inspection because the registered manager divides their time between three different homes and we wanted to be sure they would be available at this location for the inspection. 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 the PIR and previous inspection reports before the inspection. We looked at notifications received by the provider. A notification is information about important events which the provider is required to tell us about by law.

On the day of the inspection we spoke with three people who lived at the home. The three people we spoke with were not always able to share with us their experiences of life at the home, due to their particular communication skills therefore we also observed care practice to see how all four people interacted with staff. We spoke with one support worker and one senior support worker and the registered manager.

We reviewed a range of records about people's care and how the service was managed which included the support plans for two people and specific records relating to people's health, choices and risk assessments. We looked at medicine records for two people, daily reports of support including staff handover communication notes, calendars showing what activities people liked to do and had planned to do, menus, incident and safeguarding logs, complaints and compliments, health and safety records and minutes of staff meetings. We looked at recruitment, supervision and training records for three members of staff and

service quality audits.

We asked the service lead to send us some information after the visit. This information was sent.

Is the service safe?

Our findings

We observed people were comfortable and happy when being supported by staff. People were at ease around staff and we saw and heard many positive interactions between them throughout the inspection.

People's finances were not always managed safely and systems to manage people's finances were not always correctly followed. The registered manager advised of an incident which had occurred in December 2016 regarding missing money from one person's account. Appropriate action had been taken to investigate this concern and it was identified that the a staff member had not recorded the use of this person's finances correctly, had not followed the providers policy on managing people's finances and money was found to have gone missing. The provider had followed their disciplinary staff performance processes and involved appropriate external agencies.

We viewed three people's finance records and found a discrepancy with the recording of one person's finances on their cash sheet for June 2017. We found the total amount for 26 June 2017 had been recorded incorrectly, although the amount in the tin was correct at the last count on 27 June 2017. This error had not been amended by the second staff member who had provided their initials to say they had checked the total recorded amount and the money in the cash tin. The registered manager spoke with the staff members responsible regarding the concern and reinforced the policy for checking and recording of people's monies. This meant people may be at risk of potential financial abuse or neglect because the systems put into place to safeguard people's monies were not always followed. We recommend the provider take action to ensure all staff are made aware of their policy on recording of people's finances to improve practice in this area. We will monitor and check this at the next inspection.

Staff knew what they should do to keep people safe from harm and did not express any concerns about the safety of people living at the service. Staff gave good examples of how they would keep people safe from harm and what they would do if they felt a person was at risk of potential abuse. One said, "Oh I would report to the service lead and document." Another staff member told us they would report concerns to their manager and external professionals.

Safeguarding concerns and incidents were reported and investigated in line with the providers policy. The registered manager made us aware of an incident which had occurred within the service in November 2016 and records demonstrated the incident had been investigated and dealt with to ensure people remained safe.

Risk assessments were completed for each person which identified risks to themselves and others. Risk management plans were implemented to ensure people and those around them were supported to stay safe. Risk assessments were in place for people who experienced behaviours that could be seen as challenging. All staff knew the signs and triggers to look for when a person experienced such behaviours and were confident they could manage the situation without the use of restraint..

There were enough staff to meet peoples needs and keep them safe. Agency staff had been employed whilst

the registered manager was recruiting for additional staff. The registered manager and staff confirmed three regular agency staff were used and they confirmed they knew people well. We observed one agency staff member interact well with people and demonstrate good knowledge of the people living at the service.

Safe recruitment practices were followed. Two staff members had been recruited since the last inspection. We looked at these staff member's recruitment records and saw the appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS) and work references had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff profiles were in place for agency workers which documented the appropriate recruitment checks had been completed.

There were clear procedures for supporting people with their medicines. The medicines were kept in a locked cupboard in people's rooms and only staff who had been trained and confirmed as competent by the registered manager were able to support people with their medicines. Staff members demonstrated a good understanding of safe storage, administration, management, recording and disposing of medicines.

Checks were completed daily by staff who were trained to support people with their medicines. Weekly and daily medicine audits were also completed by the management team which included checking for gaps in Medication Administration Record (MAR) sheets and any medicine errors. Staff and the registered manager confirmed medicine errors had not happened in the service since the last inspection.

Fire safety procedures were displayed in the hallway. Fire exits were clearly marked and the pathway was clear to access them. Fire doors were in situ throughout the service. All fire equipment had been tested regularly and in line with the provider's policy. Fire risk assessments had been completed and "grab and go" packs were available which identified the support each person required to exit the building in the event of a fire.

Is the service effective?

Our findings

Staff knew people well and had received the required training to support people effectively and meet their needs.

At our last inspection in May 2015 we made a recommendation for the provider to refer to the Mental Capacity Act 2005 and its codes of practice. This was because mental capacity assessments had not been reviewed in line with legislation.

The Mental Capacity Act 2005 (The Act) 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.

At this inspection the provider had addressed our concerns. Mental capacity assessments were present in people's files when they were deemed to lack capacity relating to a specific decision and they had been reviewed in line with the legislation timescales. New systems had been implemented to ensure appropriate professionals, advocates and relatives were involved in best interest decisions for the people who were unable to give consent to their care and with their finances.

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 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.

DoLS applications had been completed for four people. The applications had been submitted to the local authority. Staff demonstrated a good understanding of the DoLS process.

Staff received an induction when starting work at the service. This induction programme included shadowing an experienced member of staff to watch and learn communication techniques and understand people's needs. Staff also read people's support plans and completed the Care Certificate. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Records demonstrated new staff were subject to a three month probationary period in which their performance was reviewed at regular intervals.

Staff had received regular supervision, appraisal and training which gave them the opportunity to discuss people and identify additional support for themselves. They were given the opportunity to feedback on their performance and personal development. Staff confirmed they felt supported and could request any additional training that would help them meet the needs of people. The registered manager had a training plan in place which identified when staff had completed training and when the training was due to be

updated.

People were supported to have enough to eat and drink. During the inspection we overheard people request hot drinks and they were supported with this request. Two people were on a specialised diet because they were at risk of choking. Staff were aware of the people who required support with eating and drinking which was in line with the two people's support plan and speech and language therapy guidelines.

Staff and records demonstrated people regularly had access to health and social care professionals. During the inspection one person showed us they were experiencing pain and discomfort with their tooth. Staff confirmed the person was taken to the dentist the day before the inspection and was treated and provided with medicines to address the pain and discomfort. Records confirmed this. An activity board showed that one person was due to visit the nurse in the afternoon and records kept in other people's support files evidenced they had been given flu jabs at the appropriate time of year.

Is the service caring?

Our findings

People were happy at the service and demonstrated they had good relationships with staff. During the inspection we heard one person singing along to the music which was playing in the service. Staff acknowledged this and one staff member asked the person if they would like to play their guitar whilst they were singing. The person responded positively to this and both the person and staff member sang together whilst the person was playing their guitar. We heard laughter from both the person and staff member and other positive comments from the staff member during this time.

Staff spoke to people in a kind and respectful manner and people responded well to this interaction by smiling or responding verbally using words or happy sounds. We observed one person seek out staff and the registered manager for regular interactions and communication which were positive.

We saw staff acknowledge people in a friendly manner whenever the person entered a part of the service where staff were or when staff would walk past the person whilst attending to other support tasks. Staff would always ensure they gave people time to respond to their greeting or question.

Compliments had been received in the form of thank you cards and Christmas cards expressing thanks from people's relatives. Comments included, "Thanks for all you do for [relatives name]." "Thank you for your kindness and care to [relatives name]." "Thank you all for being amazing." "Thank you very much for the fun time. [Person's name] was very happy and content." "Thank you all for your help." "Thanks for everything."

Support plans were written in a personalised way and included people's likes and dislikes and how each person could communicate their consent to care. One person's support plan detailed their communication was very limited and they were able to say few words which could be unclear. This person's support plan documented that if they required anything they would take staff to the item, point at it or get it themselves.

Staff knew people well and demonstrated a personalised approach to the support for people. Staff were aware of how to approach people and how people used different techniques or body language to communicate how they were feeling or to consent to their care. One staff member said, "When I ask [person's name], could I give you a bath, they will give you their toiletry bag, smile and will walk in front of you and look back to see if you are following." Another staff member told us how one person does not always like to get up out of bed or have personal care straight away. They said, "We put the music on because [person's name] likes music and we give them a coffee. We try and find out why they do not want personal care at that time and they will verbalise by using single words."

People were treated as an individual and encouraged to do as much for themselves as possible. Staff said this was the person's home and they always asked people what they wanted to do and how they wanted to be supported with their care. One said, "If they can do it, they should be encouraged to do it." Support plans included what people were able to do for themselves and what support they required from staff members.

Staff confirmed they would respect people's dignity and privacy by closing doors, knocking before entering

the person's room and informing them what they are going to do before supporting them with personal care or other support tasks. One member of staff said, "I always cover service users up when they are walking from their bedrooms to the bathroom with a towel or a bath robe."

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed by staff and people together. Staff had developed an understanding of people and their needs by supporting them over a period of time. Staff retention was very good in this service and as a result staff got to know people well and were able to meet their needs in a responsive way. During the inspection we heard one person ask a staff member to assist them with personal care. The staff member acknowledged this request with an immediate positive response and the person was supported with their care request.

There were support plans in place for four people. The support plans were very detailed and included people's likes and dislikes, personal histories such as when their condition was diagnosed, communication needs, behaviour signs and triggers, personal care support, health plans and activities they enjoyed. Support plans were detailed for people who required support with complex health conditions. Staff knew what support people required with their health conditions and were confident to explain how they would support people with this condition which matched their support plans, epilepsy protocol and risk assessments.

The registered manager stated they were reviewing the current style of support plans as a new initiative called 'The Golden Thread' was being implemented in the service. The aim of the Golden Thread was to support the provider to become a 'deeply' person – centred organisation with the principles of personalisation sewn into the fabric of the organisation. Records demonstrated the service had been reviewing the current style of support plans and changing them to include the new initiative called 'The Golden Thread'. The new support plans would introduce goal and outcome setting and support would be tailored to support people to take control of their lives and the support they received.

Activities took place which were meaningful to people. Support plans included people's likes and dislikes with activities. Pictures of the activities people enjoyed and pictures of people enjoying the activities were placed on an activity board in a communal area. These pictures helped people choose the activity they would like to complete and for staff to be aware of the activity people liked to do. The boards were organised to each individual and for one person included activities they liked to do such as, football, snooker, gardening, cleaning, bowling and going out for coffee. Another person's activity board showed they liked to go shopping, swimming and have picnics in the park. Staff rotas were scheduled around the needs and support of the person and additional staff could be rota'd on to a middle of the day shift to help support a person take part in an activity. We observed people taking part in activities they liked within the service and out in the community throughout the day.

The service had been redecorated and refreshed since the last inspection. People's rooms were individualised and decorated according to their wishes. One person's room had sports memorabilia and pictures and another person's room had lights around their bed and pictures of their family. Outside of each person's room were pictures of each person in a colourful frame of their choice. We observed people go into their rooms throughout the day to relax or listen to music.

We saw the complaints procedure was displayed in the hallway of the service and an easy read summary including pictures was also displayed showing people how they could make a complaint about their care. Records confirmed complaints had not been received into the service since the last inspection. Staff confirmed they would support people to make complaints if required.

Is the service well-led?

Our findings

Financial audits were in place which were carried out weekly by the senior support worker and the registered manager. However one record viewed showed a recording discrepancy and demonstrated that staff did not always follow the correct process when checking people's money. There had been an incident of a person's money going missing in December 2016. Although the audits identified this concern immediately and the concern was investigated promptly, the outcome showed that the recording of money taken was not completed in line with the provider's policy. It was therefore of concern that we identified a failure to follow financial safeguarding procedures during this inspection. This meant audits in place did not always reduce the risk to people and their finances. We have made a recommendation in the safe domain for the provider to ensure staff follow the correct process for checking and managing people's finances.

There was a registered manager at the service who staff felt was approachable and supportive. One staff member said, "Brilliant manager. Firm but fair. Very supportive of staff and I can go to [them] for anything. They are always available and very communicative." Another said, "Good leadership, get on well and always at the end of the phone." They told us the registered manager regularly praised them and was encouraging and this "boosted" the staff members confidence.

The registered manager had a good relationship with people and this was observed throughout the day. We saw two people regularly visit the office to speak or communicate with the registered manager and the registered manager was visible around the service, speaking with people and staff throughout the day.

There was a system in place to analyse, identify and learn from incidents, and safeguarding referrals. Members of staff told us they would report concerns to the service lead or out of hours regional managers and follow this up in writing. Incidents and safeguarding referrals had been raised to the local authorities and CQC were notified of concerns. Management plans had been developed to help learn from incidents that had taken place and manage people's behaviour that may challenge others.

A number of audits had been completed to assess the quality of the service. Service Quality Assessment Tools (SQAT) had been completed by the service lead and quality visits to the service had been completed by the quality and excellence partner. This helped identify areas of improvement for the service. Records demonstrated these areas of improvement were shared with staff members during a team meeting in May 2017.

Quality questionnaires had been completed by relatives and staff and this information is placed into the provider's database and reviewed at monthly board meetings chaired by the regional director. Improvement plans were cascaded down to the regional manager and registered manager following the outcome of the board meetings.

Records demonstrated a new quality assurance process had been implemented in June 2017 called Continuous Improvement. This would replace the SQAT and bring quality assurance processes in line with the principles of safe, effective, caring, responsive and well led which matches the domains we use in our reports. The registered manager would be required to complete all sections on a monthly basis and the

regional manager would be required to review the quality checking process and set actions and targets for the registered manager to complete. In future, the actions would be added to the provider's database and would be reviewed at the monthly board meetings chaired by the regional director.