

Community Integrated Care Segensworth Road

Inspection report

123 Segensworth Road
Titchfield
Fareham
Hampshire
PO15 5EG

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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

Segensworth Road provides care and accommodation to people aged under the age of 65 living with learning disabilities and physical disabilities. The service can support up to three people and there were three people living at Segensworth Road during the inspection.

Segensworth Road has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice. 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.

Segensworth Road is an adapted building with shared facilities that fits in with local residences. The service had no identifying signs to indicate it was a care home, in line with current best practice. People had easy access to local amenities and could live life as any other citizen. Staff wore clothes that did not suggest they were care staff when working with people.

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

The registered manager promoted a positive, inclusive culture where people achieved very positive outcomes. Staff worked as a team, felt valued and thoroughly enjoyed working in the service.

The provision of meaningful activities for people in the service was very good. Staff had the freedom to explore different ideas for activities that any citizen could access and people would enjoy. This demonstrated their commitment to promoting equality for people with diverse needs. Staff were skilled at communicating with people which enabled them to give people as much choice and control over their lives as possible.

People were supported to be as independent as possible and relatives told us their family members had gained levels of independence they did not think they would be able to. Staff provided caring and compassionate support. People were treated with dignity and respect.

Relatives told us the service was safe. Staff understood signs of possible abuse and how to raise concerns. Risks to people were assessed and known by staff. People were supported by staff who had undergone appropriate recruitment checks. Medicines were administered appropriately. Incidents and accidents were thoroughly investigated.

Staff were skilled and received appropriate training. Staff monitored the health and wellbeing of people and involved the appropriate healthcare professionals. Staff experienced effective support from senior staff and

the registered manager and this included an induction and ongoing supervision. People's hydration and nutritional needs were met.

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.

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

Rating at last inspection

The last rating for this service was good (published 16 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Segensworth Road

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

This service provides care and accommodation for up to three people who have a learning disability.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We also observed interactions between another person and staff as we were unable to communicate with them

about their experience of the service. We spoke with four members of staff including the registered manager and care staff. We reviewed a range of records. This included two people's care records and multiple 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 reviewed further information sent to us by the registered manager. We spoke to three relatives and two external healthcare professionals about their experience of the care provided.

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

- Staff had received training in safeguarding and understood the signs and types of abuse. They were confident in how to raise concerns to senior staff and appropriate authorities. The registered manager understood their responsibilities related to safeguarding and had taken appropriate action where any concerns were received, including informing the local authority.

Assessing risk, safety monitoring and management

- Appropriate risk assessments were in place for people. Actions staff needed to take to mitigate risks were considered and clearly documented.
- Staff understood any triggers that may cause distress for people. This enabled them to work proactively and prevent situations from becoming unsafe.
- Staff handled money on behalf of people in the service, for example, when purchasing items people needed. There was a robust system in place to ensure all monies were accounted for. A relative told us they were impressed to see how carefully staff managed people's money.
- The registered manager and staff carried out appropriate health and safety checks on the building and informed the landlord if any improvements were needed. The service undertook fire evacuation drills and a personal emergency evacuation plan was in place for each person to describe the support they would need in the event of an emergency.

Staffing and recruitment

- There were sufficient numbers of staff available to support people safely. The registered manager told us they aimed to be slightly over staffed to allow for unplanned staff leave, such as sickness.
- The registered manager had recruited more permanent staff since they started managing the service. This meant the use of agency staff was very minimal and this had improved the continuity of care being provided.
- The provider had robust recruitment processes to ensure only suitable staff were employed. Relevant pre-employment checks were completed to ensure staff's suitability for their role.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. A relative told us medicines were always signed in and out of the service appropriately.
- Medicine administration records had been completed appropriately.

Preventing and controlling infection

- Staff took necessary precautions to prevent the spread of infection. We observed staff followed correct practices such as washing their hands. We noted in people's care records they were also supported to help maintain a hygienic environment, for example, by staff who prompted them to wash their hands. The service was clean and tidy including where food was prepared, and appropriate checks were undertaken of the kitchen environment to ensure food was prepared safely.

Learning lessons when things go wrong

- Incidents and accidents were thoroughly investigated and acted upon by staff. Lessons were shared among the staff team to prevent incidents occurring again. For example, if particular activities led to incidents, they were reviewed to see if they were still safe and appropriate to continue.

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, and care was delivered in line with current best practice.
- The registered manager had recognised recent guidance from CQC called, 'Smiling matters' about best practice regarding oral care. The registered manager had implemented recommendations from the guidance, such as an oral health assessment tool to ensure people received effective oral health care.

Staff support: induction, training, skills and experience

- Staff received an induction at the start of their employment and a period of shadowing more experienced staff members. One new member of staff told us, "Staff are really welcoming." Staff received ongoing supervision throughout their employment.
- Staff received training in a variety of appropriate subjects and this training was kept up to date. One staff member told us, "[Registered Manager] tries to get you on as much training as he can."
- The registered manager and staff were trained in how to use physical interventions when people became distressed and a risk to themselves or others. However, this was used very rarely, only at a low level and always as a last resort. The registered manager had extensive experience in these techniques and ensured staff stayed up to date with training and practiced scenarios so that they were confident should they need to use physical intervention. The registered manager carried out de-briefing sessions with staff members after any events involving physical intervention or distressing incidents.

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

- People were able to communicate their preferences for food and drink and staff understood their likes and dislikes. People were supported to have enough food and drink and maintain a healthy, balanced diet where food was cooked from scratch. People were encouraged to drink regularly, and the service had a piece of equipment that enabled one person to make their own drinks.
- One relative told us the service had been effective in implementing advice from the dietician for one person.

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

- The service involved other agencies and services appropriately to ensure people's needs were met. They communicated with other agencies appropriately and ensured people attended appointments with support, for example, appointments with medical consultants.

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

- The service was designed in line with Registering the Right Support guidance. The environment was made

to feel as homely and comfortable for people as possible.

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

- Staff monitored any health concerns and ensured referrals to healthcare professionals were carried out in a timely manner. This enabled them to support people to remain healthy for example, one relative told us that staff had noticed their family member was having difficulty walking long distances, so the service arranged for a wheelchair to be sourced for the person. They told us, "They seem to be on the ball there with [person's] health issues."

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 make 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.

- Appropriate mental capacity assessments and best interest decisions were in place. Relatives had been involved appropriately. DoLS had been applied for as required and the registered manager monitored their expiry dates.
- Staff understood how to support people who did not have capacity to make some decisions. They understood the importance of supporting people to make as many decisions for themselves as possible and always used the least restrictive practice.

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

- We observed kind and compassionate interactions between staff and people during the inspection. The registered manager demonstrated a caring approach towards people, they told us, "You treat them like your own family." The registered manager was proud of the caring nature of staff and told us, "They genuinely care about the people they come and support." One staff member told us, "I do find it really rewarding".
- The service organised birthday parties for people. This was done in a person-centred way for example, the service had a cake made with the person's favourite musician on the cake. A bowling party was also being organised for another person who greatly enjoyed this activity. They were being involved in the planning of the party as much as possible.

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

- People were involved in decisions about their care as much as possible. Relatives told us they were involved in care planning and any changes in the care or wellbeing of their loved one were always communicated to them promptly.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and improve their level of independence. One relative told us staff had enabled their family member to make cups of tea with support which they had been unable to do previously. Staff also involved the person in making their own dinner.
- The service balanced meeting people's needs whilst encouraging their independence. For example, the service organised funding for a wheelchair for one person who needed this for long distances but still encouraged them to walk as much as possible.
- Personal care was always provided in private and staff kept people as covered as much as possible to maintain their dignity. One staff member told us, "We always make sure they have their dressing gowns on."

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.

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

- The provision of meaningful activities for people in the service was very good. People had significant learning disabilities, health conditions and communication needs, but the registered manager and staff had accessed activities for people that the general public enjoyed. For example, one staff member had found an activities club that provided archery and off-roading activities. People were attending these activities and thoroughly enjoyed them. One relative told us, "[It was] amazing, [person] loved it!"
- The service was keen to try new activities with people and always reflected on whether they worked for them. For example, one person had been supported to attend a concert by their favourite musician. The person had always wanted to do this and a staff member told us, "A lot of research was done to make her dream come true." Overall, the event was a bit overwhelming for the person, but they achieved their goal and this was significant for them. The service had reflected on whether there were other ways to help the person interact with the musician they admired, and the registered manager was planning to contact the artist and ask for a signed poster.
- Other external activities that the service supported people to participate in included: dancing, going to the beach, bowling, going on trains, swimming and tea parties. The service was also planning a short holiday for people.
- Through effective care planning and support, people were able to feel comfortable in their home and improve their independence in an environment that felt safe to them. For example, one relative told us their family member had previously always stayed in their room alone but due to effective staff support now spent time downstairs with the other people in the service, they appeared comfortable downstairs without shoes or headphones on. Their relative told us, "I would never have thought [person] would do that, they really have done a huge amount for her independence, to me it is a source of amazement."
- Relatives and staff told us they were very pleased that the registered manager had requested a new vehicle from the provider which was purchased. This enabled everyone living at Segensworth Road to go out together whereas previously they had been unable to do so. This helped people to bond and have relationships through shared experience.
- People were supported to maintain relationships that were important to them for example, one person used to live with a friend and they were supported to maintain that friendship. The person was shown pictures of people when staff were planning events so that the person could choose who was invited and maintain the relationships they wanted to.
- Events were held with family members to help maintain relationships. For example, a family barbeque was held that people, relatives and staff thoroughly enjoyed.

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

preferences

- The registered manager and staff knew people well, including their needs, likes and dislikes and what was important for them. For example, staff knew that a board displaying a person's routine was very important for one person and mars bars were very important to another person. People and relatives were appropriately involved in the care planning process. One relative told us, "They do seem to put [person] at the centre of what they're doing."
- Care plans were personalised and clearly described people's needs and preferences in a caring and thoughtful way. There were clear instructions on how staff could support people to have positive outcomes. Care plans had been recently reviewed and were reviewed every six months or sooner if there were any changes. One relative told us during the process of her family member's care plan being reviewed, "I really got the feeling that [person] was important to them."
- Care records clearly stated any triggers that may cause anxiety or distress for people and how to support people if they started to display signs or distress. This information was person-centred and demonstrated staff knew people well.
- The service completed monthly logs for people that contained a summary of what had gone well for people that month and any areas for improvement in their care that had been identified. These records demonstrated the service was consistently working towards giving people positive outcomes.

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 in the service had significant cognitive impairments and communication needs. The registered manager and staff were skilled at interpreting what people were communicating and understanding their wishes. They were able to understand changes in facial expression, gestures, body language and behaviour and knew what that meant for the person.
- The registered manager told us staff had also used pictures to aid communication with people. For example, pictures were used to communicate routines for one person which was very important to them.
- During the inspection we noted an easy read sign in place to tell people we were there which demonstrated the service worked to communicate with people effectively every day. Easy read information for fire evacuation was also available.
- The registered manager told us they would provide training for other communication techniques, for example Makaton, if required but no one in the service would benefit from other techniques at the time of the inspection.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since the registered manager had come into post. The registered manager told us about the process they would follow if they received a complaint and this was appropriate. Relatives told us they had not needed to raise a complaint but would feel comfortable to speak to the registered manager about any concerns as they found the manager highly approachable.

End of life care and support

- The service was not supporting anyone at the end of their life. The service had started to discuss with families how people would be supported as their families became older and unable to provide the same level of support. One relative told us this had been a positive conversation where the service had reassured them that their loved one would continue to be well cared for irrespective of how involved family members continued to be able to be.

- The registered manager told us they were planning to further explore people's preferences and choices in relation to end of life care in line with people's changing needs.

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 promoted a positive, inclusive culture where people and staff were valued. This had led to highly positive outcomes for people.
- The registered manager had only been in post since April 2019 and had made a marked positive impact on the service in the short time since they had started. Staff told us that there had been a significant change since their arrival, comments from staff included, "I think he is a breath of fresh air", "If you suggest something that really needs to be sorted he gets on it", and "Everything is so much more positive."
- Comments from relatives included, "The new manager has made a real difference, the staff appear more calm, there seems to be more purpose in the house", and "He seems a lot more proactive and dynamic than the last manager and staff seem to be more proactive and dynamic as a result".
- The registered manager worked to create a culture of effective teamwork for example, they had introduced an, 'Admiration Tree.' A member of staff painted a tree in the hallway where people and visitors could see the artwork. Staff were then encouraged to write things they admired about each other and the people they were supporting on leaves that were attached to the tree. Staff told us initiatives from the registered manager had made a vast difference to their morale and the team building that had occurred in the service. One staff member told us, "We talk a lot about working together as a team and not as individuals." This enabled a culture that was conducive to supporting people effectively.
- The registered manager told us other registered managers under the same care provider had also carried out this activity because they had seen it had been very effective in improving teamwork and staff morale. Relatives also noted effective team work and communication within the service, one relative told us, "If you speak to one member of staff you know that when you speak to another member of staff later they will know what is going on."
- Staff and relatives told us the registered manager was proactive, for example, in sourcing the larger car. One staff member told us, "Before we had this car we could only have two people we support out at the same time. [The new car has] made such a big difference, [people] can bond outside of the home."
- The registered manager was proud of the staff working in the service and the proactive way in which they worked. They told us, "I really want to showcase the staff." The provider had a process for giving awards to staff, one senior member of staff had been nominated for an award recently. The registered manager had also been shortlisted for Frontline Leader Award at the British Care Awards. Their nomination from the provider noted the registered manager's innovative ways of bringing teams together, such as the 'Admiration Tree', their commitment to achieving positive outcomes for people and effective support they provided to staff who respected and valued them.

- Staff thoroughly enjoyed working at the service and were proud to be part of the team, comments from staff included, "I love working here, I absolutely love it, we've got a really good team here" and "The [people] are really happy which makes me really proud of the team."
- The positive culture enabled staff to explore new ways to achieve good outcomes for people, for example, finding the activities centre that had provided highly enjoyable and meaningful activities for people. The registered manager told us, "Even when people go home from work they are thinking about what they can do tomorrow, they research what they can do for people" and "I don't think they are recognising the outcomes they achieve for people."
- The registered manager and staff told us there was no bullying or discrimination in the service. Staff felt able to approach the registered manager with any concerns but the provider also had a whistleblowing help line should staff need further support.

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

- Relatives told us that the service was always open and honest with them about anything that went wrong. They told us the service always informed them how they would prevent incidents from happening again. The registered manager understood their responsibility under duty of candour including the importance of being transparent and offering an apology where appropriate. The provider's electronic system prompted managers on their responsibilities under duty of candour when incidents occurred.

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

- The registered manager understood their regulatory responsibilities. Registered persons must notify CQC without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.
- The registered manager told us they were well supported by senior colleagues and the provider.
- The previous inspection rating was displayed in the service.

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

- Relatives we spoke to told us staff's communication about the care of their family member had improved since the registered manager had started. Their input had improved the culture of the service and this had in turn improved the communication between staff and relatives. The registered manager told us, "We've got a really positive relationship with the parents." The registered manager provided support to relatives as well, including supporting relatives to complete financial assessments for people.
- The service had 'one-page' profiles displayed in the hallway, one for each person and each member of staff. This included information about what was important to the individual, what people liked and admired about them and how best to support them. This demonstrated staff and people were valued as individuals and the shared interests between individuals had been explored.
- People were involved in the service as much as possible and staff worked hard to provide opportunities for them to participate in activities they enjoyed. Relatives also felt involved not only in the care of their loved ones but also in the social events at the service. One relative told us, "They always lay on a nice spread for people's birthdays and we're always invited."

Continuous learning and improving care

- The registered manager completed regular detailed audits of the service. The registered manager was also able to access an electronic system that assisted them to monitor various elements of the service, for example, when care plans needed to be reviewed or staff training was due to expire.

- The provider also completed a detailed audit of the whole service every three to six months, or sooner if required. The registered manager could contact the provider for advice at any time if needed.
- The registered manager attended monthly managers meetings along with other registered managers employed by the provider. This was an opportunity for them to share learning about how services could be improved and any changes in national guidance or regulations.
- The registered manager demonstrated they were committed to improving care provision in line with new guidance and standards. For example, they were aware of CQC's 'Smiling matters' guidance and had implemented recommendations such as an oral health assessment. An external healthcare professional confirmed to us the service supported a person to attend regular dental check-ups and regularly sought a prescription for prescription only toothpastes. This demonstrated that they were following the guidance.

Working in partnership with others

- The service worked effectively with others involved in the care of people living at Segensworth Road including healthcare professionals such as doctors, social workers and dentists.