Community Integrated Care

Community Integrated Care (CIC) - 2 Seafarers Walk

Inspection report

2 Seafarers Walk
Sandy Point
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 April 2017 and was announced.

2 Seafarers Walk is a service provided by Community Integrated Care and 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 five people living in the service. There were eleven permanent staff, which included two senior support workers and one registered manager.

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.

People received a safe service. Staff knew how to keep people safe from harm and had a good understanding of how to report safeguarding concerns. Safeguarding concerns had not been raised since the last inspection. People's finances were managed safely.

Different types of risk assessments were in place for each person and risk management plans were implemented to ensure people and those around them were supported to stay safe. The service did not use physical interventions to support people who's behaviours were deemed to challenge. Fire safety procedures were in place for the home and were followed to keep people safe.

There were sufficient staffing levels at the home, which were flexible to meet people's needs.Safe recruitment and medicine practices were followed.

Staff were experienced and knew people well. Staff received induction training in line with the Care Certificate when starting work at the home. Staff received regular training, supervision and appraisal.

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how to put this into practice.

People were supported to have enough to eat and drink and people who required specialised support with feeding were supported effectively. People regularly accessed healthcare services.

The service was caring. Staff treated people as individuals and encouraged them to do as much for themselves as possible. People's privacy and dignity was respected.

There was a positive culture in the service which promoted personalised care and support. People received the care and support they needed, were listened to and had their choices respected. A variety of

communication techniques were used to ensure people were engaged with and involved in making decisions about the support they wanted. People's needs were regularly assessed and reviewed. Activities were personalised and meaningful.

People were given the information to tell them how to complain. Complaints had not been received about the service since the last inspection

Quality and safety audits were completed which supported the registered manager and senior managers to assess the overall safety and quality of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to keep people safe from harm and had a good understanding of how to report safeguarding concerns.

People's finances were safely managed.

Risk assessments were in place for each person and the building.

There were sufficient staffing levels at the home, which were flexible to meet people's needs.

Safe recruitment and medicine practices were followed.

Is the service effective?

Good

The service was effective.

Staff were supported, knew people well and received the required training.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink and have access to healthcare services.

Is the service caring?

Good

The service was caring.

People experienced care that was caring and staff treated people as individuals. People were supported to speak with their relatives.

People were supported to express their views through communication that met their needs.

Staff knew people well and were able to identify what the person

required through their individual expressions and communication.

People's rooms were personalised and staff respected people's privacy and dignity when completing personal care.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed, were listened to and had their choices respected. A variety of communication techniques were used to ensure people were engaged with and involved in making decisions about the support they wanted.

People's needs were regularly assessed and reviewed.

Activities were personalised and people were supported to carry out the activities they enjoyed.

People were given the information to tell them how to complain. Complaints had not been received about the service since the last inspection

Is the service well-led?

Good

The service was well-led

There were clear visions and values in place that supported people and put them first.

Staff felt supported by the registered manager and felt confident they could raise concerns about bad practice.

Quality audits were completed and although safeguarding concerns and incidents had not occurred there was a system in place to monitor and learn from them.

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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 3 April 2017 and was announced. We announced the inspection because the registered manager divides their time between three different homes and wanted to be sure they would be available at this location for the inspection. The inspection team consisted of one inspector.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We spoke with the Local Authority safeguarding teams and other external professionals who knew the service.

Before the inspection we reviewed the Provider Information Return (PIR) which had been sent to us by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

On the day of the inspection we spoke with five people who lived at the home. Four of the five 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. When we spoke with them they used their behaviour and method of communication to answer. We also observed care practice to see how these people interacted with staff. We spoke with two support workers, one senior support workers 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 the assessment information for one person who had recently moved into the home. We looked at medicine records for two people, daily reports of support including staff handover communication notes, documents 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 records for one staff member and supervision records for two staff members. We looked at the training records for staff members working at the home and service quality audits.

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

Good

Is the service safe?

Our findings

We observed people were happy and comfortable around staff and when they were being supported by staff. One person told us they had recently moved into the service and felt happy and safe.

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the environment was not always safe. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan informing us they would be compliant with this Regulation by 21 March 2016.

At this inspection we found the provider had met this Regulation. Action had been taken to fix the damaged radiator three days after the previous inspection in February 2016. The home had been redecorated. Paintwork and woodwork had been refreshed and repaired throughout the home and the bathroom and kitchen floors had been replaced with new flooring.

Control measures which had been put into place to check the health and safety of the home were completed on a daily basis and checked regularly by the registered manager. Records and observations of the home confirmed this.

At our last inspection we identified concerns with the overall cleanliness of the home. There was a strong smell of cigarette smoke upon entering the home and the home did not appear clean and furniture looked worn and tired. The provider sent us an action plan which said they would address these concerns and take action by 20 April 2016.

At this inspection we found the overall cleanliness of the home had improved. There was no smell of cigarette smoke, furniture had been replaced and new processes had been put into place to ensure the home was kept clean at all times. The registered manager confirmed a new cleaning rota had been put into place for night staff to complete. The cleaning tasks had been reduced and spread across the week which ensured staff had the time to dedicate to specific task as they were no longer requested to complete a high volume of cleaning tasks at one time. Records confirmed this. Staff told us they were happy with the new cleaning system and were pleased that the home had been redecorated and refreshed.

At our last inspection we identified systems were not always in place to ensure people's monies were managed safely because the provider did not always follow their polices when carrying out best interest decisions regarding people's finances.

At this inspection we found people's monies were being managed safely and the provider's policy was being followed when carrying out best interest decisions regarding people's finances. Capacity assessments were in place and decisions relating to the people's finances were being discussed with relatives and external professionals.

A system had been introduced to demonstrate relatives and external professionals were consulted when

arranging holidays for people. For example, for one person's records showed the total cost of the holiday and the breakdown of expenditure which included the accommodation costs, spending money and the cost of the support required whilst the person was on holiday. Documents were in place to show relatives and other professionals had been involved in the discussions and final decisions for this person to be supported on holiday at the costs identified. For another person documents showed relatives had been consulted about the person's contribution to staff meals, which were in line with the provider's staff meals policy.

Safe practice was carried out when managing people's day to day spending money. People's money was kept in individual containers and in a locked safe. When people went out and took money with them it was counted out and back in to their individual container and checked each day by staff. We observed this practice being carried out.

Safeguarding concerns had not been raised since the last inspection and records, external professionals and staff confirmed this. Staff knew how to keep people safe. Staff said they would keep people safe from harm by reporting any concerns to the registered manager. This included recognising unexplained bruising and marks or a change in behaviour. Staff had received training in safeguarding adults and had a good knowledge of the procedures they should follow if they had a concern.

Risk assessments were completed for each person which identified risks to themselves and others. Risk assessments were in place for people who required manual handling support from staff and staff had received manual handling training. We saw one person's manual handling equipment had been recently serviced on 20 September 2016. Risk management plans were implemented to ensure people and those around them were supported to stay safe. For example, for one person a risk assessment had been completed to support them to be supported safely on holiday by identifying the equipment and support they would require whilst away for the home.

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. Staff were confident they could manage the situation without the use of physical intervention. We observed one person display a behaviour that was deemed to challenge when they held onto the neck of a staff members t-shirt. The staff member said in a calm voice "[Person's name], that's not nice." The person removed their hand from the staff member's clothes and carried on drinking their cup of tea.

The registered manager and staff confirmed physical intervention was not used in the service as staff were trained in the Management of Actual or Potential Aggression (MAPA). This training would enable staff to safely disengage from situations that presented risks to themselves, the person or others without the use of physical intervention. We observed a person become agitated during our inspection and staff supported this person to become calm and less agitated by speaking with them and supporting them to the sensory room where the person listened to their favourite music and looked at their reading books.

Staffing levels were sufficient. Staffing rotas demonstrated there were enough staff to meet people's needs and keep them safe and staff confirmed this. Throughout the inspection we observed people being supported with personal care and other activities in a calm manner. People were not rushed and were able to decide when they got dressed and had their meals. For example, we saw one person walking around in their dressing gown and pyjama's for most of the morning. A staff member checked with them if they were ready for support to get dressed and the person agreed and walked to their room whist having a conversation with the staff member about the support they would like.

Safe recruitment practices were followed. One staff member had been recruited since the last inspection.

We looked at this 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.

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 service lead 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 home. 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.

Good

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 February 2016 we made a recommendation for the provider to refer to the Mental Capacity Act 2005 and its codes of practice. This was because best interest decisions did not always include the appropriate professionals, advocates and relatives.

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.
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.

At this inspection the provider had addressed our concerns. Mental capacity assessments were present in peoples files when they were deemed to lack capacity relating to a specific decision. 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.

Staff demonstrated a good understanding of The Act. Staff knew when capacity assessments were required to be completed for people when considering their finances and aspects of their care. Staff gave good examples of when people could consent to some aspects of their care such as picking items of clothing, meals or selecting an activity to take part in

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.

People were supported to have enough to eat and drink. We observed a menu folder was in place which included Picture Exchange Communication (PEC) symbols and pictures of food items which rotated over a six week period. People were supported to choose the food and drink of their choice and care plans demonstrated what food and drinks people liked and disliked. Drinks were offered and given regularly and when people requested drinks they were supported with this.

People were supported well at mealtimes. A staff member was always present in the kitchen when people were eating their meals. One person had been given a specialised plate which prevented food spillage. One person required support with their food via a Percutaneous Endoscopic Gastrostomy (PEG). This person was not present at the time of the inspection as they were taking part in an activity, however records detailed the

support the person required with food via their PEG and staff had good knowledge of how they needed to support this person. Records and staff confirmed they had received training in supporting this person with their PEG.

Records and observation showed people were supported to access healthcare services. One person who had recently moved into the service was being supported to register with the local GP surgery on the day of our inspection and regular contact and visits were made with a dietician with regards to one person's PEG.

Good

Is the service caring?

Our findings

We observed positive and caring interactions between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction by smiling and responding verbally using words or excited sounds. One person would frequently hold their hand up to a staff member and touch them on the arm and smile and make loud excitable noises.

Compliments had been received into the service by way of thank you cards from people's relatives. One said, "Just to say thank you, kind heart, caring ways. Thank you for taking such good care of [person's name]." Another said, "A huge thank you for all the care you have given and continue to give. What would I do without you all?" A third one said, "A special note of thanks that's sent to you to say just how much your kindness has really made my day. Thank you."

People were supported to have contact with their relatives regularly. We observed one staff member support a person to have contact with their relative over the telephone. This person was unable to communicate verbally, however the staff member spoke with the relative and then passed the phone to the person so they could listen to their relative speak to them. The person smiled and made a happy noise. The support worker told the person what they were doing and provided an update to the relative who was happy with the care and support being provided.

People were encouraged to do as much for themselves as possible and were treated as individuals. One person who had recently moved to the service demonstrated more independence than others who lived at the home. This person was supported to maximise their independence by being supported with some elements of personal care and encouraged to complete additional household chores which they liked to do. We saw this person set up the table with their cutlery in readiness for their lunch and discussed how they would like to travel to their chosen activity.

Four people in the home were unable to communicate using clear words; however they could all communicate by making different sounds, using facial expressions and body language. Pictures were also used as a communication tool to ensure people were given the support to clearly communicate their needs and wishes. Staff knew people well and were able to identify what the person required when they made a certain sound, showed a certain type of facial expression or used a certain type of body language.

There was an effective system in place to request the support of an advocate to represent people's views and wishes. Where necessary referrals were made to advocacy services. Advocates had been involved in some best interests decisions for people. An advocate can help people express their needs and wishes, and weigh up and take decisions about the options available to them. They can help find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations. The advocate is there to represent people's interests, which they can do by supporting people to speak, or by speaking on their behalf.

We observed staff respect people's privacy and dignity when they entered their rooms or provided personal

care to them. We heard staff knocking people's doors and seek permission to enter the room before doing so. Staff who were required to access people's rooms when people were not in their rooms sought people's permission before entering their room. Staff provided good examples of how they respected people's privacy and dignity. One said, "I always knock on their door and seek permission before I enter. I will cover them up when I am taking them to the bathroom."

People had individual rooms and these were decorated with the colour they liked. People's rooms were personalised with items that were meaningful to them. For example, one person who had recently moved into the home had their room decorated in their favourite colours of blue and yellow. Two bunches of fresh flowers were in this persons room because they loved flowers and gardening.

Good

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.

Staff invested their time getting to know people. One person had recently moved to the service from a previous home with limited and some incorrect information about them. An assessment of need had been completed prior to the person moving to the service; however the information given to the registered manager when completing the assessment did not give an accurate description of the person. For example, the assessment record highlighted that the person did not like to go out. We observed a staff member speaking with this person about visiting their local GP surgery and going to the local shops to pick up toiletries and a TV magazine. The person showed interest with this and stated they had a bus pass and wanted to use public transport rather than the vehicle provided by the home. Another conversation between a staff member and this person identified the person would like to have a shower, when their assessment said they did not like showers.

To ensure the support plan for this person was accurate and reflected this person's likes, dislikes, needs and wishes staff were taking their time to develop this plan. This was partly due to the inaccuracies and limited information in the assessment of need. We observed staff interact with the person to find out their likes and dislikes as part of general conversations. We saw the person ask a staff member what the vegetable was they had on their plate of food and the staff member informed them what it was. The person tried the vegetable and said, "I like that." The staff member gave a positive response and noted that the person liked this type of food.

We observed this person's room had been decorated in the colours they liked. The initial assessment completed confirmed this. The registered manager and staff confirmed the person had picked their bedroom furniture and the room had been redecorated prior to the person moving into the home. The person and staff confirmed the room looked like the room the person had in their previous home and felt this had helped the person settle well into the home. We observed the person was very settled having only been living at the home for three days.

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.

Records demonstrated the service had been reviewing the current style of support plans and changing them to include a new initiative called 'The Golden Thread'. This 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. 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.

Rotas were flexible to ensure people were supported with activities that were meaningful to them. The registered manager told us an additional shift had been created and added to the rota to support people with their activities. Staff told us that it was important to them that people took part in activities and regularly accessed the community. This was demonstrated throughout the inspection visit.

Activities were personalised and people were supported to carry out the activities they enjoyed. On the day of the inspection we saw one person being supported to attend day services, another person was being taken into the community to purchase new shoes, one person was baking a cake with a support worker and another person was waiting for two support staff to support him on holiday that afternoon for a period of five days.

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

Good

Is the service well-led?

Our findings

There was a registered manager in post; however they were not always present at the location because they managed two other homes for the provider. Staff felt supported by the registered manager and commented that they would like to see them more often, but this did not impact on the running of the home. Senior support workers managed the day to day systems within the home and confirmed the registered manager was always available by phone if they needed support. Support staff also felt supported. The registered manager had a good knowledge of people's needs and personalities and interacted well with them.

There was a person centred culture within the service which put people first. The registered manager was passionate about ensuring people received the care and support that was right for them and staff endeavoured to support people how they wanted to be supported. One staff member said, "This is their home, we are here to support them." Another said, "We are here for them."

Staff attended regular team meetings which discussed a variety of agenda items. People were invited to attend the team meetings and were given the opportunity to express their feelings. Staff and records confirmed this.

Staff were supported to question practice and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. One said, "I would speak to [registered manager] and if nothing was done I would go to social services, the police or CQC." The registered manager confirmed they would support and protect staff and people who raised concerns about other staff members.

There was a new system in place to analyse, identify and learn from incidents and safeguarding referrals. Incidents, accidents and safeguarding concerns had not occurred since the last inspection. Records confirmed this. Staff members were aware of the new incident reporting systems. These systems helped to learn from incidents.

A number of audits had been completed to assess the quality of the home. Service Quality Assessment Tools (SQAT) had been completed by the registered manager and were required to be completed annually. The SQAT helped identify areas of improvement for the service in the following areas; support planning, risk assessment, nutrition and healthcare, communication and decision making, health and safety, medication management, environment, safeguarding, leadership, staffing and training and quality and complaints. Once completed an action plan was developed highlighting the areas that required improving, who was responsible for implementing the improvements and the timescales. This information was then sent to the regional managers who would visit the location and sign of the SQAT once the action plan had been met.

A recent quality visit report had been completed on 14 February 2017 which reviewed areas of compliance with our Regulations and to bring support plans in line with the new Golden Thread approach. We saw the registered manager had started taking action with regards to people's support plans.

The provider had displayed their previous rating from the inspection in February 2016 on their website and

at their location.