The Regard Partnership Limited

# Highdowns Residential Home

## Inspection report

High downs
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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
Highdowns Residential Home is a residential care home providing personal care for up to 14 people with learning disabilities and/ or autistic spectrum needs primarily under aged 65 years of age. At the time of the inspection three people were living at the service. The service is made up of six separate buildings, three of which are single occupancy.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was bigger than most domestic style properties and was registered for the support of up to 14 people. 14 people were using the service. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the service having six separate buildings. At the time of the inspection six people were living in the main building and there was a plan to reduce this to four in December 2019. The other five buildings were designed for smaller numbers with one being for four people, one for two people and three single occupancy. The site deliberately had no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
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 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/ did not support this practice. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

People and their relatives told us they felt safe living at the service and staff treated them in a caring and respectful manner. People were observed to have good relationships with the staff team.

Staff involved people in decisions about how and where they spent their days. They were knowledgeable

about people's needs and skilled in communicating with them, which meant staff could support people to make meaningful choices. Staff actively encouraged people to maintain links with the local community, their friends and family.

Staff and relatives told us the staff team worked well together and communicated effectively. Records of people's care were regularly reviewed and updated and were an accurate reflection of their needs. When changes to how care was delivered were necessary, this was carried out effectively and in partnership with other professionals.

Staff helped people to plan meals and shop as well as preparing and cooking meals. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.

Staff were recruited safely and there were sufficient numbers to ensure people's care and social needs were met. Staff received induction, training and supervision to assist them to carry out their work.

There was a clearly defined management structure and regular oversight and input from senior management. Staff were positive about the management of the service and told us the registered and deputy managers were supportive and approachable. There were systems in place to continually drive improvement. This included gathering the views of all stakeholders and regular audits of all aspects of the service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 (report published 15 March 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?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Highdowns Residential Home

**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
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Highdowns Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information that we held about the service such as notifications. These are events that happen in the service

that the provider is required to tell us about. We used all of this information to plan our inspection.

During the inspection
We spoke with four people living at the service. We spoke with five care staff, the registered manager, deputy manager, the regional manager and area director. We also spoke with three visiting healthcare professionals.

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

After the inspection
We looked at records of quality monitoring audits and spoke with a further four staff. We also spoke with four relatives to hear their views of the service.

Good

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
- The provider had effective safeguarding systems in place and staff knew what to do to make sure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- The provider had appropriately used multi agency safeguarding procedures if they have had a safeguarding concern.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management
- Risks were identified and assessed. These contained guidance for staff on how to protect people from known risks while maintaining their independence.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff about how to identify when a person was becoming anxious. There were clear guidelines for staff to follow to support people appropriately if they became distressed and information about early intervention and de-escalation.
- The environment and equipment were safe and well maintained. Risk assessments were completed to ensure any health and safety risks were minimised.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment
- There were enough staff to support people's needs. Staff spent time with people helping them with tasks, going out on trips and supporting them to attend health appointments.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Bank staff were sometimes used to support the core staff team. These were staff who were familiar with the service and people's needs.
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal checks completed.

Using medicines safely
- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.

● There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
● Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
● Where people wanted to manage their own medicines this has been risk assessed and discussed with the person so they understood how to administer their medicines safely.
● Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection
● The premises were clean and free from malodours.
● Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong
● Accidents and incidents were recorded so any areas for improvement could be identified.
● Monitoring records and incident reports had been used to identify patterns and gain an understanding of people's anxieties. This information was then used to develop care plans.

Good

# 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 assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Information about people's health, social and emotional needs was recorded and available for staff.
- Staff received training in Positive Behavioural Support (PBS) to enable them to deliver care in line with best practice.
- The provider was signed up to STOMP, a national campaign aimed at reducing the use of medicines which effect how the brain works. Medicine reviews in line with this guidance had resulted in some people's medicines being reduced.

Staff support: induction, training, skills and experience
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided.
- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included online, face to face training and competency assessments.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were involved in meal planning, either individually or as a small group. People who chose to eat together agreed a weekly menu. However, eating arrangements were flexible and people often decided to eat something different to the menu or eat on their own rather than communally.
- People were supported to be independent. Some people were involved in food shopping. People were encouraged to be involved in preparing drinks, snacks and meals.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
- Staff supported people to see their GP, community nurses, and attend other health appointments

regularly.
● People had routine and annual health checks and were supported to attend well woman/man checks.
● Health information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
● Referrals had been made to a range of health care professionals when support was required. For example, epilepsy nurses, district nurses, speech and language therapists, dieticians and psychiatrists. At the time of the inspection staff were working with healthcare professionals on a medicines reduction programme for one person. One of the professionals told us, "The STOMP agenda has been really engaged with."

Adapting service, design, decoration to meet people's needs
● The service had been adapted to suit each person's individual needs. Some people's needs were best met by them living separately, or in small numbers, and accommodation was in six separate units to meet those needs.
● The main house had shared living areas, such as lounge, dining room and a games room for use by everyone living on the site. A new unit had been built to accommodate two people and the number of rooms in the main house was in the process of being reduced from six to four bedrooms. Consultation with people about how the main house could be re-configured was in process. Some bedrooms might be made larger or people might choose to have a private sitting room. This would further increase people's choice about spending time together or separately.
● The service was in a rural setting with farm animals and plenty of outside space to grow plants and vegetables.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● Capacity assessments were completed to assess if people were able to make specific decisions independently.
● When people lacked capacity, DoLS applications had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.
● Best interest meetings were organised when it was necessary for others to make decisions on people's behalf. These involved staff, external healthcare professionals and families.

Good

# 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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs. People said, "Lovely atmosphere, everyone's so friendly, helpful and nice, they all do a wonderful job", "Very nice, very pleased with area, I want to spend a number of years here" and "Yes always good."
- Relatives were complimentary about the care and support the service provided. They told us, "[Person] has a lot to manage and is no stranger to adversity but her being able to live at Highdowns, surrounded by positivity and creativity is of great comfort to us", "Staff know him well and how to manage his behaviour and how to talk to him to calm him down", "He has improved so much since living at Highdowns, he likes his bungalow and being out in the countryside" and "I have never seen anything other than kindness and respect from all the staff."
- Staff were committed to providing the best possible care for people and enhancing their well-being and quality of life. For example, one person moved into the service whose past life had been traumatic and this had resulted in behaviour that was both challenging and difficult to predict. The service recognised support from an expert would be beneficial and trauma training was arranged for staff. This training had enabled staff to develop approaches that had helped the person to overcome some of their anxieties and enhance their quality of life. A healthcare professional commented, "The whole team has been on board with the same way of working, which has had huge benefits to [Person]. The service was open to trauma training arranged by a specialist professional."

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

- People were in control of their daily routines and able to make decisions about how their care was delivered. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- One person wanted goldfish and staff had supported the person to purchase them. We observed the tank was situated in the shared living room near where the person usually sat.
- Relatives confirmed staff involved them if people needed help and support with decision making. Where needed, staff sought external professional help to support decision making for people such as advocacy.
- Some people living at the service had limited verbal communication. Care plans contained information about people's specific communication methods. Staff understood each person's communication needs and knew how to recognise what specific signs and gestures meant.

Respecting and promoting people's privacy, dignity and independence

● People's right to privacy and confidentiality was respected. The service had been arranged so people could either live separately or have the opportunity to spend time with others should they choose to. Confidential information was kept securely.

● People were encouraged to do as much for themselves as possible. They contributed to household tasks, such as food preparation and doing their own laundry. People's care plans showed what aspects of their care and support people could manage independently and when they needed staff support.

● People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress.

● Staff were aware and understood how people reacted with each other, which meant they picked up on any potential conflicts and provided people with the privacy and space to prevent situations from escalating.

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans recorded people's needs and preferences. These were reviewed monthly or as people's needs changed.
- People and their relatives were involved in the development and reviewing of their care plans.
- Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were updated about people's changing needs through effective shift handovers and comprehensive notes written each day about people's physical and emotional well-being. This helped ensure people received consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified during their initial assessment before moving into the service.
- Care plans detailed what support people might need to access and understand information, such as how to phrase sentences or what manner staff should use to ensure people understood. Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their interests and hobbies. Each person had their own personalised activity plan and records showed planned activities had routinely been provided.
- The service was in a rural setting with ten acres of land. The service employed a farm manager who looked after the sheep, pigs, ducks and chickens as well as growing vegetables. Several people liked to be involved in looking after the animals, tending to the garden and growing plants and vegetables. The farm manager supported people to take parts in regular planned activities or just to spend time in the grounds as and when they wanted to.
- The service employed a maintenance manager and they also involved people in the work they undertook. One person 'worked' with the maintenance manager regularly as part of their chosen activities.
- People had access to the community with staff support. Four people had their own vehicles and there

were three vehicles for general use. People told us they went out shopping, for lunch or coffee, to the cinema, the pub, local attractions, swimming, and a sing and sign group. People commented, "I like it here and I like going to the pub" and "It's not boring, there's always lots going on."

● After discussions at a resident's meeting a games room had been set up with a pool table/table tennis table, a football table, a sensory bubble tube light, some sensory items, an organ and a nail bar. People also used this room to carry out arts and crafts activities.

Improving care quality in response to complaints or concerns

●There was a complaints policy in place which outlined how complaints would be responded to and the time scale.

● People and their families knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. People told us, "I would go to the Manager or ask for a complaint form" and "I'd get a complaint form."

End of life care and support

● The service was not providing end of life care to anyone at the time of our inspection. However, staff were in the process of developing, with one person, an end of life care plan because they were nearing that stage of their life.

● Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.

Good

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

Improvements had been made in relation to notifying CQC of any events that effect the running of the service in line with the regulations.

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

- The registered and deputy managers had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- Relatives and healthcare professionals expressed confidence in the way the service was run and said communication was good. Comments included, "The way [Person] has been safeguarded over the years has been excellent" and "The home is very homely and I am consistently impressed", The communication is excellent" and "A holistic approach, I would recommend them to family and friends."
- Staff told us they were a close and supportive team who worked well together with the aim of helping people to live the best possible life. They told us, "I love the variety you get in this job", "The atmosphere is laid-back and completely centred around the people living here and how they want to live their lives" and "You can get so much more out of a job. The company allow us to do so much with people."
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through the organisation's whistleblowing policy. Staff told us, "The manager has an open-door policy."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by a deputy and senior support workers. Key workers had oversight of named individual's care planning. The maintenance and farm managers also supported people with their daily activities.
- The provider had a defined organisational management structure and there was regular oversight and

input from senior management. A regional director supported the registered manager.

● Staff were positive about the management of the service. They told us they felt valued and were well supported. Comments from staff included, "The support I received after an incident with a person was good", "I have been supported well" and "The managers are brilliant."

●There was a good communication between the management and support staff. Important information about changes in people's care needs was communicated through effective daily notes and handovers.

● Regular audits took place and these were supported and overseen by senior managers. The regional director visited regularly to carry out an audit of the service, which included speaking with staff and people living at the service.

● The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

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

● Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said "Our ideas are listened to. We can speak to managers or write done any ideas in the book by the entrance. All these ideas are then discussed at team meetings."

● People and their relatives were asked for their views of the service through questionnaires and informal conversations with management. An analysis of the results was carried out and an action plan developed to respond to any suggestions made.

Continuous learning and improving care

● Regular management meetings were held to support shared learning and share information about the organisation.

● Systems to gather and analyse individual people's behaviour and anxiety levels were used effectively by managers. This meant when trends emerged changes could be made, to how support was provided, to help ensure the quality of people's care continuously improved.

Working in partnership with others

● The service had good working relationships with local healthcare services and worked with them to achieve the best outcomes for people. This was supported by the views of healthcare professionals who were positive about the care and support the service provided for people.