

Community Integrated Care

Community Integrated Care (CIC) - 4 Seafarers Walk

Inspection report

4 Seafarers Walk
Sandy Point
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Hampshire
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Date of inspection visit:
25 January 2023

Date of publication:
14 February 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Community Integrated Care (CIC) - 4 Seafarers Walk is a residential care home who can provide personal care for up to 5 people with a learning disability and or Autism. At the time of the inspection there were 4 people living in the service.

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

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Some improvements were needed to ensure staff were making accurate records when medicines were audited, and this was actioned immediately by the service manager.

People told us they enjoyed living at 4 Seafarers Walk and they felt supported by staff who knew them well.

Staff had received training in safeguarding and understood their responsibilities. People were protected from abuse and there was an open culture, where staff supported people to express any concerns. Risks to people were assessed, and staff knew how to support people to minimise risks to their health and wellbeing.

Recruitment processes were safe to ensure only suitable staff were employed. There were enough staff to meet people's needs and this was regularly reviewed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The outcomes for people using the service promoted choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to be involved in decisions about their own lives and gain new skills.

Right Support: The providers strategy to ensure people were supported to live their best life possible, was evident in the opportunities and support provided to people.

Right Care: Staff clearly knew people well and the consistency and strength of the staff team had been

improved by the service manager. This meant people received person-centred support from staff who knew them well and respected their privacy and dignity.

Right Culture: The ethos and values of the service manager had been embedded in the staff team. This meant the values, attitudes and behaviours of care staff supported people to be confident and empowered in living in the community.

The provider had systems and processes to monitor quality within the home. The registered manager and service manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

There was a complaints procedure and people were supported to express their views.

The service manager and staff were proactively working with external professionals to ensure people received effective and safe care.

There was a clearly defined management structure and regular oversight and input from the provider's management team. The staff team were positive about their roles and felt supported by the service manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 17 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve risk management, management of medicines and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last full comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Integrated Care (CIC) - 4 Seafarers Walk on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Community Integrated Care (CIC) - 4 Seafarers Walk

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

Community Integrated Care (CIC) - 4 Seafarers Walk is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Community Integrated Care (CIC) - 4 Seafarers Walk is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. There was also a service manager who oversaw the day to day management in the service.

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.

Inspection activity started on 25 January 2023 and ended on 2 February 2023. We visited the service on 25 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People living in the service had limited verbal communication. Therefore, we carried out observations of people's experiences throughout the inspection, spoke to 1 person and used a visual communication tool to help capture another person's views. We spoke with 6 members of staff including care staff, the registered manager, the regional manager and the service manager. We reviewed a range of records. This included four people's care records and medicines records. We looked at 3 staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including accident and incident records and policies and procedures were reviewed. We received feedback from 1 person's relative and 2 external professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- People received their medicines as prescribed. However, medicine administration records [MAR] were not always completed accurately. For example, staff counted the amount of one person's medicine after each administration. The records made did not tally with the actual amount stored. Although we were able to account for people receiving medicines, the recording on their MAR of the amount in stock was hard to read, which led to errors in recording. This meant we could not be assured staff had always been accurately counting the stock when recording this on the MAR. We discussed this with the service manager who took immediate action to review the auditing processes in place. They made improvements to the monitoring and oversight of medicines records.
- Staff had received training in medicines administration and had their competency to do so safely assessed; however, as described above, accurate records were not always being recorded by staff. Immediately following our inspection, the service manager addressed this with staff individually, in a staff meeting and where required, staff were supported to re-fresh their skills in safe medicines administration.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- People who received 'as required' medicines, had protocols in place to support staff to understand when these should be given and how people liked to take them. Clear records using body maps were in place to ensure staff understood where to apply topical creams prescribed.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to ensure systems and processes were operated effectively to prevent abuse of service users. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and they were no longer in breach of Regulation 13.

- Staff knew people living at the home well and understood how to protect them from abuse. They were able to recognise any changes in people quickly and provided the right support at the right time for each person. One person told us, "Yes, of course I am safe, the staff are nice."
- Staff were clear about their responsibilities to keep people safe and knew how to report concerns. One

staff member said, "I would report to my manager and also make records so it could be looked at properly. I know I could whistle-blow if I needed to and would report to the [local authority] safeguarding team."

- Relatives told us they felt people were safe and staff knew how to provide safe care. One relative said, "I feel [person's name] is safe in [4] Seafarers." An external professional told us, "I feel the clients [people] are safe."
- The provider had policies and procedures in place for investigating and reporting safeguarding incidents. We reviewed records of incidents and saw action had been taken where required and was reported appropriately to CQC and the local authority safeguarding team.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to assess and do all that is reasonably practicable to mitigate risks which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Staff had received training and understood how to mitigate risks to people. One staff member said, "We get good training, so we know how to support people safely. If we are not sure of something, we can always discuss it with other staff or the [service] manager as everyone is knowledgeable and supportive."
- Risks to people had been assessed, managed and were regularly reviewed. Staff supported people in line with the risk assessments in their care plans. For example, where people had nutritional needs, information about how they needed to be supported by staff to minimise risks, whilst promoting independence, was clearly recorded within their care plan.
- The home environment and equipment were safely managed and maintained to a safe standard. Environmental audits had been completed and there was a clear process in place to ensure where maintenance work was required, this was completed in a timely way. Gas, electrical and legionella risk assessments were in place and these systems were safely maintained.
- Fire alarm, door and emergency lighting testing had been completed as required and fire drills had been carried out. Staff had completed fire training.

Preventing and controlling infection

At the last inspection we recommended the provider consider current guidance on the link between cleanliness and infection prevention and control and take action to update their practice accordingly. At this inspection we found they had acted on this.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could receive visits from family when they wanted to.
- During a recent infection outbreak, visiting was temporarily restricted to protect vulnerable people, but families were supported to maintain contact during this short period.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments had been completed for people and were appropriate for the decisions being made. Staff understood how to support people to make choices about their life. One staff member said, "This is their [people's] home and we are here to support them [people] to do what they want to. We can support them [people] to make choices by showing them pictures or items, which can help them to decide what they want."

Staffing and recruitment

- Staffing levels were based on the needs of the people living at the service and there were enough staff to safely meet people's needs. We reviewed staff rosters and observed staff had time to support people individually and to provide emotional support when needed. One staff member said, "We have time to spend with people. We get to know them and what they need and want well." A relative told us, "Staffing level appears to be at a reasonable level."
- The registered manager and service manager told us they reviewed staffing levels by looking at each person's individual needs and how much support they required. For example, they were reviewing one person's needs to determine if additional staffing support was required to provide improved person-centred care. This helped to ensure staffing levels met the needs of people in the service.
- Recruitment procedures were safe, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff, and action taken, where needed. The registered manager and service manager reviewed all accidents and incidents to investigate the cause, learn lessons and take remedial action where needed. One staff member told us, "We record what happened on the events tracker and this gets reviewed, so if we need to change anything, we all know about it and the person's care plan is updated."
- The provider's senior managers had oversight of all accidents and incidents and reviewed when action was required to prevent a reoccurrence. In addition, the provider's quality team identified any themes or patterns so if further investigation was needed this would be shared and acted upon.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to establish an effective system to assess, monitor and mitigate risks and drive improvements. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- Quality assurance systems and processes had been improved to ensure there was good governance. The registered manager and service manager reviewed audits to ensure they were consistently completed. If any areas for development and improvement were identified, prompt action was taken. For example, following us identifying some recording errors when staff were auditing medicines, immediate action was taken. This included improving the audit process, increasing management checks and a staff meeting to ensure all staff understood the importance of making clear and accurate records.
- Staff had been supported to understand their responsibilities to meet regulatory requirements, through recognising best practice guidance and regular training. A staff member told us, "Things have definitely improved, we are a stronger team with a good [service] manager who will address issues if things are wrong but then supports us to get it right."
- The provider had policies and procedures in place to ensure a good standard of care was delivered. For example, there were policies on safeguarding, whistleblowing, complaints and infection control.
- There was a clear structure consisting of the providers quality management team, the registered manager, a regional manager and the service manager. Everyone was clear about their role and those of others and there was evidence of an open, supportive and learning culture.

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

At the last inspection we recommended the provider consider current guidance on staff engagement to evaluate and improve services and take action to update their practice accordingly. At this inspection we found they had acted on this.

- The staff team and service manager understood the importance of developing a person-centred culture in the service. We observed good person-centred care where staff knew people well and treated them with kindness and respect. The provider's vision and values and new strategy were about supporting people to live their 'best lives possible.' We saw evidence of people being supported to access their community and enjoy activities of their choice. This including sailing, going for coffee and going out to the pub for a meal or a pint. We observed people being involved in decisions about what they wanted to do, which demonstrated

there was a person-centred and inclusive culture.

- Staff told us they enjoyed working in the service and felt supported by the service manager. Comments included, "The [service] manager is very good, she is so supportive and always makes sure people are getting good care from staff", [Service manager's name] is the best manager I have ever had. She really cares, we [staff and people] are valued and she knows what she is doing" and "The [service] manager is really approachable and supportive, they go above and beyond every day."
- People were able to have regular open conversations and support from staff they knew well. We observed positive relationships where emotional support and guidance was always available. Two people spoke to us and both confirmed they liked staff and felt supported to do things they enjoyed.
- An external professional told us, "I find staff are responsive to residents [people's] needs but can be slow to be as proactive. However, the staff always seem to be caring and aware of individual's [people's] needs."

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 provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. We reviewed records and saw that there was an open and transparent approach when things went wrong,
- The registered manager and service manager understood their responsibilities under the duty of candour to be open and transparent about incidents.

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

- Staff told us they enjoyed working in the service and felt supported in their roles. A staff member said, "I love my job. I go to work happy as it is so good to see the people, we support happy and enjoying their life and doing what they want to."
- People were supported to review their needs and be involved in decisions about their care. The provider had service satisfaction surveys, which staff completed with people. All surveys viewed demonstrated people were happy with their care and support and where they lived.
- The service manager was very visible in the home and regularly spent time with people and observed staff interactions. They told us they wanted to ensure there was a person-centred culture and people and staff could approach them to express their views and wishes.
- The service manager was developing relationships with people's relatives and had regular contact with them to keep them informed of events and changes.
- Staff meetings had been held regularly. Meetings were used to provide information, such as any changes planned, training, sharing best practice and introducing new activity ideas. Minutes were kept and showed that where issues or suggestions were raised, action was taken.

Continuous learning and improving care; Working in partnership with others

- The registered manager, regional manager and service manager kept clear records to show how they monitored the service and made improvements when needed, based on their observations and feedback from people and external professionals.
- The service manager had worked hard to develop positive relationships with external health and social care professionals and sought advice and support where needed. An external professional told us the service manager, "Has done a terrific job under some challenging circumstances. [Service manager's name] goes above and beyond the call of her role and is not afraid to say if things aren't right." Another said, "I have always found the [service] manager approachable and responsive."
- The management team had an active action plan to demonstrate where they had identified any improvements or development was needed. This had time scales and the improvements made since the last

inspection were clear to see.