

Resolve (Care Northern) Limited

Highview House

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

The inspection took place on 7 and 11 September 2015. The inspection was unannounced.

This was the first comprehensive inspection carried out at Highview House since the home was registered by CQC in October 2014.

Highview House is a community based forensic learning disability service providing care and support services for up to eight men with learning disabilities. The service is working effectively in partnership with other care professionals in order to achieve positive outcomes for

people who had previously committed serious offences and had been detained under the Mental Health Act 1983. For some people, Community Treatment Orders still applied. On the day of our inspection there was a total of seven people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

On the days of the inspection there was a relaxed family orientated atmosphere in the home and we saw staff interacted with people in a very calm, friendly and respectful manner. One person told us, "It is excellent living here, I am very safe and I have got my independence back." Another said, "It's a haven here, I feel very safe indeed. I spent so many years in and out of secure hospitals; I had given up hope of having any kind of decent life. Since coming here last year, my life has changed for the better. I am now stable and I can look forward to having a good future."

Throughout both days staff interacted with people in a very caring and compassionate way. When staff spoke with people they listened and respected their wishes. For example, during the afternoon two people preferred to have some quiet time in their rooms and they later told us staff respected their wishes.

We saw people's care plans were detailed, person centred and clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was pictorial and was easy for people who used the service to understand. We saw evidence to demonstrate that people were fully involved in all aspects of their care plans and service delivery. One person told us, "I keep mine up to date through discussions with my keyworker, registered manager and my consultant. They listen to what I have to say, this is very important to me because In the past, other people and medical staff made decisions for me rather than with me."

People had their psychological, emotional and mental health needs monitored closely. There were regular reviews of people's health and the service responded immediately to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

A clinician quoted in a survey, "There is a good work ethos at Highview House."

We saw activities were personalised for each person. During house meetings held every Sunday, people also

made suggestions about their educational opportunities, work placements, household chores, menu planning, activities, outings and holidays. For example, people received one to one support for their health, personal care and support needs, and this enabled regular community based support on a daily basis. On the first day of our inspection, several people were escorted to go to a football training session at Sunderland football stadium and others were working at a community conservation project, restoring war graves.

People told us with support from staff, they received a wholesome and balanced diet. As part of their independent living skills and development, all were supported to prepare and cook meals for each other on a daily rota basis. People told us the food was varied with options always available. Everyone was involved with menu planning, budget keeping and the food shopping. To support family orientation within the service, people and staff ate their meals together.

The provider had an effective pictorial complaints procedure which people told us they felt they were able to use.

The provider is a registered educational provider delivering qualifications in skills for employment, training and personal development. It provided people who used the service with an opportunity to acquire skills up to diploma level.

The four staff we spoke with described the management of the home as open and approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager on duty.

We found staffing levels at the service were appropriate for the number of people living there. Some people who used the service required one to one support and we saw this was provided.

All staff we spoke with said they received appropriate training, good support and regular supervision. We saw records to support this.

We saw the service had in place personal emergency evacuation plans (PEEPs) and these were accessible to emergency rescue services.

Summary of findings

We found people's medicines were well managed and in line with current NICE guidelines. Some people were supported to manage their own medicines.

Staff had received training in how to recognise and report abuse. We spoke with four staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

We saw people who used the service were supported and protected by the provider's recruitment policy and practices. We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the service

The home was immaculately clean and well maintained, and equipment used was regularly serviced. The home had an infection control champion who supported the registered manager to ensure people were protected from risks associated with cross infections.

The provider had a quality assurance system in place, which was based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

We saw evidence that the service had sustained practice, development and improvement since the home opened. We saw leadership in the service worked towards, and had achieved outstanding practices to provide a quality service that contributed to the development of best practice for people who used the service. Staff told us they had encompassed these changes and new ideas that had been introduced by the provider such as, Total Attachment theory, Harbottle (2013). We saw this was a model of intervention and systemic management which was a whole system model of leadership and therapeutic practice in one. Staff recognised the importance of new concepts of care. Staff told us these had motivated them to aim for continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had exceptional skills and the ability to recognise when people felt unsafe. Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people to keep them safe and meet their needs.

The service used imaginative and innovative ways to manage risk and keep people safe, while making sure that people had a full and meaningful life. The service actively sought solutions to make sure that people had as few restrictions as possible.

The service had effective infection control procedures in place, with regard to the code of practice for health and social care and related guidance.

Good



Is the service effective?

The service was effective.

People's nutritional needs were assessed and monitored.

Staff confidently make use of the Mental Capacity Act 2005 and the Mental Health Act 1983 and used innovative ways to make sure that people were involved in decisions about their care so that their human and legal rights were sustained.

Links with health and social care services were excellent. Where people had complex mental health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice.

People were involved in the assessment of their needs and had consented to their care, treatment and support needs.

The service worked in partnership with other organisations to make sure they were training staff to follow best practice, recognised research that contributed to the development of best practice. This motivated staff to provide a quality service.

Good



Is the service caring?

The service was caring.

There were robust safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

The service has a strong, visible person centred culture and was very good at helping people to express their views so they understood things from their points of view.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

Good



Summary of findings

People had access to advocacy services. This enabled others who knew them well to speak up on their behalf.

Is the service responsive?

The service was very responsive.

People's care and support was planned proactively in partnership with them. Staff used creative and individual ways of involving people so that they felt consulted, empowered, listened to and valued.

On-going improvement was seen as essential. The service strived to be outstanding and innovative in providing person centred care based on best practice.

The service played a key role in the local community and was actively involved in building further links. People who used the service were encouraged and supported to engage with services and events outside of the home. Input from other services and support networks were encouraged and sustained.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

The arrangements for social activities, and education and work, were innovative and met people's individual needs.

Outstanding



Is the service well-led?

The service was very well led.

The management team had very robust and effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The vision and values of the service were imaginative and person-centred and these made sure people were at the heart of the service.

There was a strong emphasis on continually striving to improve. The registered manager recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service.

There were values that included involvement, compassion, dignity, respect, equality and independence. There was a well-defined emphasis on fairness, support and transparency and an open culture.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation, research and reflective practice.

Outstanding



Highview House

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 checked 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

The inspection was unannounced. This meant the provider or staff did not know about our inspection visit.

We visited the service on 7 and 11 September 2015. The inspection team consisted of two Adult Social Care Inspectors.

We spent time observing people in various areas of the service including the dining room and lounge areas.

We were shown around the premises and saw people's bedrooms, bathrooms, and the laundry room, kitchen and living and dining areas.

On the days we visited we spoke with all seven people who were using the service. We also spoke with four members of care staff, the nominated individual and the registered manager who are both co-owners of the service. We also

spent time looking at records, which included people's care records, and records relating to the management of the home. During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during planned activities.

During the inspection visit we reviewed three people's care plans, three staff training and recruitment files, a selection of the home's policies and procedures and infection control records.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission. We also spoke with the local safeguarding team, commissioners and Healthwatch who help people and their representatives to get the best out of health and social care services in County Durham. No concerns were raised by these organisations.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection visit, we asked the provider to tell us about what they do well and how they managed to sustain continuous improvements.

Is the service safe?

Our findings

People using the service told us they felt safe living at Highview House. One person said, "It's excellent here. I am very safe and I have got my independence back. Since coming to live here, I have felt safe. What is so good about this place is I'm allowed my freedom, there are fewer restrictions that I was previously not used to, but I also feel secure and my safety is not compromised." Another person said, "I know I can trust the staff, I have a good rapport with everyone. I feel very safe living here." Another told us, "This is the safest place I have ever experienced, It's a haven here."

The registered manager told us there was a safeguarding policy in place and that staff received training in this area. In addition to the training the registered manager told us she discussed safeguarding adults in every monthly team meeting as well as one to one supervision meetings. This was to make sure staff were knowledgeable about the different types of abuse and the action to take if they had any concerns. We saw a safeguarding adults and a whistle blowing policy were displayed in the home for staff and people using the service as well as visitors so people knew who to contact if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. One member of staff told us, "I would feel able to report abuse. I know who to contact. We talk about it in supervisions and staff meetings." The procedures in place and staff safeguarding training helped ensure people were kept safe from harm and staff knew which agencies to report concerns to, to enable safeguarding investigations to be carried out as required.

During this inspection we spent time in all areas of the home. We saw the environment was very homely, comfortable and extremely well maintained. The provider's health and safety trainer showed us records of the health and safety audits which were carried out. These included checking the water temperatures, fire alarm and electrical systems to make sure these were safe. We saw all hazardous substances were stored safely and securely. All of these measures ensured people were cared for in a safe and well maintained environment.

There was no gas installed at the home, it was heated by a very modern Bio-Mass boiler that ran on wood pellets. The provider told us it was environmentally friendly and very efficient.

We saw in the care plans that they contained a 'personal emergency evacuation plan' (PEEP) for each person which provided staff with guidance on the support people required in the event of a fire. We found that policies and procedures were in place guiding staff on what to do in an emergency. For example, we saw in the office contact numbers were available for staff for out of hours emergency repairs for the bio-mass boiler, water and electric supply. This showed us that the provider could demonstrate how they responded to emergencies by keeping people safe from harm.

We found the registered manager reviewed any incidents and accidents. We saw that they completed an investigation of every accident and incident and the outcome of this was recorded and improvements made if required to ensure people's safety.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the service. We asked the registered manager to describe the recruitment process. She told us that prior to being employed by the service potential employees were required to attend an interview and references and disclosure and barring service (DBS) checks were obtained. We saw documentation that showed us this took place. She told us, this helped to make sure only suitable people, with the right experience, personality and knowledge, were employed to provide care and support to people who used the service. The registered manager told us that people who used the service were involved with the recruitment of new staff, for example, people helped to short list staff by discussing their experience and background with the registered manager. They were introduced to candidates on the day of their interview and were consulted before people were offered a post. This was confirmed when we spoke with people who used the service. This showed us that people's views were valued and respected. The recruitment policy included disciplinary procedures.

The registered manager told us that depending on people's community based activities, on some days, there could be as many as 12 staff on duty to support people's care, treatment and support needs. This was confirmed when we

Is the service safe?

looked at the staff rota. We saw that during the night, there were two waking night staff and another on sleep-in duty. People told us there were always enough staff around every day to support them.

We found people's medicines were well managed and in line with current NICE guidelines. The service had a medication policy in place, which staff understood and followed. We spoke with a member of staff who was able to describe the arrangements in place for ordering and disposal of medicines. They described how they had detailed information about each type of medicine people had been prescribed as well as any possible side effects. We checked people's Medication and Administration Records (MAR). We found they were fully completed, contained the required entries and were signed. We saw there were regular management audits to monitor safe practices as well as daily audits carried out by staff of the medicines held in stock. Staff had received medication training. This showed us there were systems in place to ensure medicines was managed safely.

We were told that three people who used the service had been assessed as being able to self-administer their medicines independently. This was managed through effective risk assessment procedures being in place for each person. One person said, "Before I came to live here, such a thing would never have happened in a hospital environment. It is all part of developing my independence and being a responsible adult." The bedrooms of the people who managed their own medicines had a locked cabinet in their en-suite to store them safely.

We spoke with the registered manager about people human rights. She told us, "We put people at the heart of what we do. We do this by embedding people's rights in the care, treatment and support that we provide and only with

their consent. We treat people with dignity and respect and promote equality within the service. We encourage people to express their views and we respect their beliefs." When we spoke with people who used the service, they said their human rights were respected. One person said, "Since coming to live at Highview House I have my self-respect back. When I speak I am listened to and my views are respected. Some of my freedoms are restricted, but I knew about these before I moved in. I know they are there to keep me safe and prevent me offending again." We saw detailed risk assessment were in place for people who had a community treatment order in place. One person told us they respected the reason for this and understood why this was in place.

We saw the service had procedures and clear guidelines about managing infection control. There was an infection control champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms were immaculately clean, pleasant and odour-free. Staff training records showed us they had received training in infection control, as had the people who used the service. One person who used the service, showed us their training portfolio that contained their infection control and food hygiene training certificates.

We saw all people who used the service were involved in household tasks such as keeping their bedrooms and en-suite clean and managing their own laundry. People who used the service told us they had access to disposable gloves and aprons.

Is the service effective?

Our findings

People said they were supported by staff who knew them as individuals and understood their needs, and specific conditions. One person using the service said, “The staff here are excellent, caring people. They fully understand what I am about and they know how to treat me.” Another person commented, “The best staff ever.” And “They really know what they’re doing. This is the best place I have ever lived, the staff are skilled and I have learned so much from them during my work placement and conservation work that I am involved with.” Another person praised the staff for the way they managed to support them. They said, “I have never been able to get on with other people, and I never knew anyone enough who cared about me. But I do now.”

The home stands in large gardens and had 8 bedrooms, one of which had a self-contained studio with kitchen diner and lounge. All bedrooms had a walk-in wardrobe and an en suite with a shower or bath. The registered manager, told us building work would commence soon to extend to the side of the house and create an apartment for one person that will have its own front door. On the first floor, there will be a large training function suite with multimedia facilities for staff to use.

The staff team consisted of a registered manager who is a qualified social worker, a deputy manager who is a qualified occupational therapist; there were team leaders, day service workers, support workers some being skilled in a range of occupations such as car mechanics, carpentry, gardening and carpet fitting. These skills were used to support people who used the service to become proficient in these areas. For example, we saw some people who used the service were constructing wooden planters in the garden and others were painting a garden shed. There were also housekeeping staff who assisted people who used the service with their everyday needs such as cooking. People told us they enjoyed getting involved and learning new skills.

Staff completed the training they needed to work effectively with people using the service. The staff told us they were up to date with the provider’s mandatory training. They said they received regular supervision in accordance with the provider’s policy. They told us they were well supported by the registered manager and other senior members of staff and that there was an out of hours

on call system in operation that ensured management support and advice was always available when they needed it. One member of staff said, “I get plenty of training. It helps me to do my job with confidence. I find supervision to be proactive and very beneficial. Another said, “We all attend team meetings which are also very regular. The management team are always open to suggestions and new ideas.”

The deputy manager showed us documents confirming that all staff were receiving regular supervision and an appraisal of their work performance. Staff appraisals were carried out at different times of the year and for those that had been completed we saw they included comments by the member of staff and the supervisor on what had been achieved since their previous appraisal, what should be done next and a training needs analysis.

Staff told us that they kept a reflective journal that they carried around on shift to jot down any concerns, thoughts, feelings or successes. They then brought these to supervision sessions or team meetings to reflect and discuss. Staff told us this was used as an aide memoir. This meant information about the service or for those people who used the service no matter how minor was not overlooked.

We saw a copy of the provider’s annual training plan. The provider’s mandatory and specialist training included moving and handling, first aid, fire safety, medication, DoLS, equality and diversity, adult protection (safeguarding), person centred care, total attachment inclusion therapy, infection control, health and safety, food hygiene, autism awareness, mental health linked to learning disabilities and managing challenging behaviour.

The registered manager showed us the electronic training matrix, which was colour coded and there was a built in alert to show when training was due. This avoided any training becoming overdue. This meant people who used the service were being supported by staff who had the right skills and knowledge to meet their needs.

The registered manager told us about the model of care they used as part of the staff training. She said they used focussed research which discussed why male adults with a learning disability might inappropriately offend. She said, “As the staff at both locations gain a better understanding of those that they care for, this then contributed to more

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effective and less punitive care of people who used the services.” This showed us that the provider strived to explore and promote solutions that made a real difference to people’s lives, through training and recognised research.

In addition, the deputy manager told us that she requested to attend bespoke training in Autism and Offending Behaviours at Northumbria University and this has been supported and funded by the provider.

The registered manager told us that the majority of people using the service had been diagnosed with Autistic Spectrum Disorder (ASD). Because of this, the provider and the staff team had commenced training from the National Autistic Society to become an accredited service to expertly support people with autism. On completion, the provider will be listed on the Autism Accreditation Register and the National Autistic Society’s Autism Services Directory.

This demonstrated that the provider was committed to continuous improvement for people who used the service through staff development, training and research that aimed to empower people with learning disabilities to take more control in their lives.

A clinician quoted in a survey, “There is a good work ethos at Highview House.”

We saw in the care records that consent was obtained for photographs and the sharing of information with other professionals. All of these records were signed by the person using the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who told us they had considered the impact of the Supreme Court decision about how to judge whether a person might be deprived of their liberty. The registered manager told us because of the service provision; five people were currently detained under the Mental Health Act 1983 and these were kept under review with specialist forensic health officials, the police and The Ministry of Justice. Five DoLS authorisation applications had been submitted and approved by the supervisory body. We also saw easy read pictorial records of these applications in people’s care records. This enabled people to understand

why these decisions had been made. The provider’s online version also linked to an outlook system that sends reminders to the registered manager of the due dates for renewal. All authorisation notifications had been submitted to CQC in line with regulation requirements.

We were told about brief and debrief sessions that take place daily. This was for all service users as it gave them the opportunity before any community activities to discuss any concerns or queries which may lead to anxieties. It also outlined where they would be going, what they would be doing and who else would be there. They also discussed any contingency plans should there be any difficulties whilst out, which further helped to address anxieties about accessing the community and any new activities or experiences. On return to the home it gave staff the opportunity to give positive feedback to people and to discuss and explore any difficulties and give people the opportunity to say what they would like to happen next time in terms of the support they required. The registered manager told us, this approach had proven to be effective for all people, particularly those with autism and those with increased anxieties around any inappropriate behaviour.

All people who used the service attended a menu planning meeting held every Sunday. The purpose was to decide on the following week’s menus, food shopping and a rota for preparation and cooking of the meals. People spend a day each in the kitchen helping to prepare and cook meals with support from staff. We saw there was emphasis on healthy eating. Everyone told us that the food was very good with a range of varied options always available. People told us how much they enjoyed these sessions and how these were new skills that they had developed since moving into the service. We noted that these sessions were also used to promote food hygiene awareness and some people who used the service had completed food hygiene training.

As part of people’s independent living skills and training, Bishop Auckland College had been invited by the provider/manager to come to the service once a week to run cooking sessions with people using the service. This meant the provider had given people using the service positive opportunities to promote their independence and continue with their education. This initiative, enabled people to work towards achieving a basic level 1 catering certificate and a food hygiene training certificate. One person told us, “I have spent most of my life in a hospital. I

Is the service effective?

never had any skills because I was never taught any. I now have loads of training certificates, he asked if we wanted to see them” We did, and he was very proud of his achievements.

This demonstrated that people were supported and enabled to acquire further skills and qualifications that were relevant to promoting people independent living skills.

On the second day of the inspection, the inspector was invited to have lunch with people who used the service. One person told us that mealtimes were ‘family time’. We saw that staff also ate their meals with people. The atmosphere was relaxed; there was lots of laughter and friendly banter between people and staff. People told us that they liked the mealtime routines, being able to have a laugh and share joke’s with each other and the staff.

People confirmed that they had access to the kitchen at any time to prepare snacks and drinks. We saw a food hygiene rating of five stars had been awarded to the service by Durham County Council. For one person who used the service, they used an electronic talking picture mat menu that enabled them to make choices about what to eat.

The registered manager told us, “As a specialist service we strive to make sure that people with forensic learning disabilities in our care will have great lives, and to help us to achieve this, we make sure people will be supported by the right people with the right skills, knowledge and experience”. She added, “The initial challenge for us was how to ensure that a robust and highly selective recruitment programme could be sustained so that we had enough staff in place before the service opened. This resulted in having a full team in place six weeks before the service opened and we used this time for staff induction. We wanted to instil the right values and skills, that could be retained, developed, coached, mentored, supervised and supported.” She told us, They had achieved this and now

had a very caring, stable, diverse and skilled staff team in place. She said, “This had proved to have a significant and positive impact on the people using the service.” For example, seven of the eight people admitted to the service during the last 11 months, all from high secure mental health hospital settings had been successfully placed at Highview House. When we spoke with people who used the service, they consistently told us, how good the registered manager was and how staff were kind, considerate and that it was a great place to live.

Staff told us that this had been the best induction training they had ever received for any job. They said it was very detailed, thought provoking and thorough. They told us the training covered several weeks, and during this time there was a buddy system in place that they found invaluable. They said the main focus of their training was on improving outcomes for people through compassion, respect, dignity and valuing people by using a person centred approach. Two people said, “This is the best job I have ever had.” All said the registered manager/owners were both hands on and had a wealth of knowledge and skills and had provided tremendous support during their induction.

We met five new support staff who had commenced employment in May 2015. They told us that their induction training which was on-going had been excellent and extremely thorough. One was a psychologist who had come to work at Highview House on a placement. They said, “I decided to apply for a permanent job here, as I see this type of setting as great opportunity to make a real difference to people’s lives.”

All of this demonstrated that staff job satisfaction was high and continuous learning and development for staff was encompassed comprehensively by the provider, leading to positive and effective outcomes for people using the service.

Is the service caring?

Our findings

People said, “Staff really look after you”, “Staff are kind and they really do care, they look out for us.” One person told us, “I love it here. I was in hospital for a long time and I was very restricted, it is great that I have much more freedom here. The staff are cool.” One person asked if he could meet privately with the inspector. He told us, “I wanted to tell the CQC inspector that Highview House is an excellent place. I am more confident, and much more independent. The staff and the manager are very caring and respectful. I sometimes like to have private time on my own and this is respected.”

We observed staff treating people with kindness, sensitivity and compassion. We saw they interacted positively with people; they were attentive, listening and responding to people, laughing and joking with them and giving reassurance if needed. People were encouraged to express their views, were offered choices and made decisions about the way they wanted things to be done. One person told us, “There are boundaries in place here, but they are there for the right reasons, mainly to keep me and others safe. These are like sanctions that I knew and agreed about before I came to and live here.”

People’s backgrounds and life stories were explored during their initial assessment. This included people’s preference, likes, dislikes and routines that were important to them. We saw all of these were highlighted and included into their care records. Staff told us they revisited and reviewed people’s wishes and preferences on a regular basis to ensure they were current. Staff said, “What they might have liked before coming to live here often changed a lot because of new opportunities and experiences that we provide including, a caring environment, respect, more freedom, trust and independence.

We saw people had discussed with staff their spiritual and cultural beliefs which were reflected in the way they were supported with their care, nutrition and social activities. The registered manager told us, for some people with an autistic spectrum disorder (ASD) they needed to be aware of people’s routines which were very important to them and for staff to respect these. For example, some people kept a personal diary about what was important to them and their routines. These included a selection of

photographs, pictures and drawings to use to illustrate their feelings, emotions and activities. Some people used their diaries to help them to share and express their feeling with their key worker.

In order to support people to manage their own worries and anxieties, all service users were offered quality time with their key worker. We were told that this could be daily for some people or weekly for others. Quality time was used as an opportunity for people to talk about their feelings and any concerns or worries that they may have been experiencing and also to receive positive feedback. It was also an opportunity to discuss their care plans and risk assessments and make their own contributions and suggestions. One person told us, “I like to keep a diary, so that I can remember to mention things that I might forget with my keyworker and talk about my care plans.”

Another person told us, “It’s very important for me to be able discuss with staff how I prefer to be supported, I need to do this often as I sometimes change my mind about things quite a lot.”

When we spoke with people they told us that they talked about their feelings, emotions, activities and concerns with their key workers or the registered manager, with their advocate or medical staff if they preferred. One person said, “I get lots of support from my keyworker and I trust them.”

Throughout both days we saw staff interacting with people in a very caring and compassionate way. We saw when staff spoke with people they listened and respected their wishes. For example, during the afternoon two people preferred to have some quiet time in their rooms and they later told us staff respected their wishes.

We saw that everyone at Highview House had a Mental Health Advocate (IMHA). IMHA’s are a safeguard for people who lacked capacity to sometimes make safe choices and decisions for themselves. This ensured they were able to make some important decisions on behalf of the person to keep them and others safe. For one person who used the service a close family member also helped them to make important decisions about their life.

When people became anxious or upset if required, the behaviour support teams and psychologist were alerted. The registered manager told us, for one person when this happened, they needed a very short intense period of one

Is the service caring?

to one support whilst they regained control and become calm and able to manage their emotions. She told us, this approach worked well for this person and it avoided any form of restraint or medical intervention.

During both inspection days we observed people being treated with dignity; interactions with staff were friendly warm and respectful.

People enthusiastically told us about the difference living at Highview House had made to their lives, by having opportunities to explore and try new things, such as community volunteer work and accessing further education and learning new skills. One person told us, “I have never had a proper family life, I do now.” Another person told us, “I am much more independent, I can do lots of things now such as, cleaning my room, doing my own laundry, woodwork, gardening and cooking. I have also been on my first holiday ever.”

People who used the service took turns to chair and lead their own weekly ‘Taking Part Meetings’. This gave even the quietest of individuals who may not speak in meetings the chance to make their contribution. The registered manager told us this approach had worked well and had given the peer group a sense of ownership over their meetings as well as improving attendance and giving service users the opportunity to speak in a group in a ‘safe, caring’ environment. People told us they enjoyed these meetings and any suggestions were always considered. The registered manager told us these meetings were also an opportunity for people to share their achievements and also to ‘say something nice about the person sitting next to them’. She said this promoted positive relationships between the peer group which had helped them to gel as a group and become mutually supportive of each other.



Is the service responsive?

Our findings

People told us they had a key worker and an associate keyworker that supported them with everyday tasks, planning their day for example, work placements, education, voluntary work, household tasks, and social activities. Two people told us they worked closely with their keyworkers to make sure their care plans were kept current and up to date. One person said, “They listen to me, and always go over everything that is recorded. Once I am satisfied with the content, I sign each plan.” Another said, “We always discuss everything together, including what pictures to use and we have review meetings as well.” This showed us that people were involved in decisions about their care and welfare.

We found care plans were person centred with a focus on people’s care, treatment and support needs, including their social, cultural, diversity values and beliefs. People’s wishes, preferences, and their likes and dislikes were also recorded. We saw clear evidence that people’s care and support was planned with them and not for them. The service was flexible and responsive to people’s individual needs and preferences. People were supported to engage with meaningful community based activities for example, occupation, education and pursuing hobbies, interests and attending events outside of the service.

We also saw how the service used pictures, symbols, images and slides that could be inserted into the electronic care records. This meant people were supported to fully understand the content of their care records. The registered manager told us that the electronic care plans included an electronic signature for people who used the service so that they can be signed by them. This was done by using a digital pen which showed the person’s unique signature.

We saw the system was linked to people’s forensic psychiatrist within the NHS mental health team. This meant that people’s conditions could be monitored closely and any changes identified, and treated without delay. The registered manager told us this system was in line with the Freedom of Information Act 2000 and the Data Protection Act 1998. A healthcare professional commented, “Staff are always prepared for my visits. The staff are competent and well trained.”

People’s hospital passports were in place within the care plans and these were up to date and accessible in the ‘at a

glance file’. The passport included ‘what you need to know about me’. This meant if people needed to go to hospital medical staff had readily available information to support and treat each person.

Risk assessments were proportionate and centred around the needs of the person. The service regularly reviewed them with other health care professionals and took note of equality and human rights legislation. We saw there were strategies to make sure that risks were known, anticipated, identified and managed. People who used the service told us they were fully involved and understood the risk strategies. This showed us that people were empowered, listened to and valued. One person told us, “I keep all my records up to date through discussions with my keyworker, registered manager and my consultant. They listen to what I have to say, this is very important to me because in the past other people and medical staff made decisions for me rather than with me.”

The registered manager told us there was emphasis on delivering individualised and tailored support that was person centred, ensuring that people had choice and control over their lives by means of providing support that was responsive to individual’s wishes and desires. She said, “Everyone has skills, talents and aspirations and people with a learning disability are no different.

We want people here to be involved in the design, development and evaluation of the service we provide. We do this by promoting and supporting people to become quality auditors of all aspects of the work we do. We promote inclusion and partnership working through in-house meetings and reviews and individualised training and by people taking control of their lives through their choices and decisions.” People told us they attended these meetings, had input during regular reviews and felt involved in the management of the service. This showed us that people’s care and support was planned in partnership with them. The service used innovative ways of involving people so that they felt consulted, empowered, listened to and valued.

Resolve is part of a new initiative run by Durham University and Durham County Council which aimed to use physical activity to promote mental and emotional health. Two staff from Resolve were on the steering group and were involved in the development of the initiative over the next two years. Some of the activities included boxercise, Zumba, rowing, dog walking and athletics. Each activity runs in six week



Is the service responsive?

blocks allowing people to get a true experience of each activity. This meant people's health and wellbeing was promoted by creative ways to enable people to live as full a life as possible.

When we spoke with people about their life at Highview house, everyone told us that life there was good. Comments included; "Great place with great staff", "My life has changed for the better" and "I have a future now; I would like to have my own place one day. Working in the community and gaining qualifications is a great opportunity for me." Another person said, "I love working as a volunteer at a resource centre in the town and getting involved in all the activities on offer. It's my job to call the bingo numbers and help with the lunchtime meals." One person told us, "I spent so many years in and out of secure hospitals; I had given up hope of having any kind of decent life. Since coming here last year, my life has changed for the better. I am now stable and I can look forward to having a good future." This meant people no longer felt institutionalised and were optimistic about their future dreams and aspirations.

There were a range of hobbies, activities and interests that people were supported to pursue in an individualised way. These included holidays this year to places such as Portsmouth, London and Lancashire. Three people told us they played football for Binchester and trained at Sunderland football stadium twice a week.

One person through a scheme called "Healthy Bodies, Healthy Minds" initiative, had achieved FA Level 1 Football Coaching Award, gained a Safeguarding 'Alerters' Certificate which helped increase their knowledge of different kinds of abuse and completed a Basic First Aid Certificate.

This person told us how pleased they were to attain this award.

People told us about the John Muir Award that they were involved with. This is similar to the 'Duke of Edinburgh Award'. This was a two year project that involved working with the forestry commission on conservation projects in the community. They told us it was great to be involved with this type of work. One person said, "It makes me feel very proud." This had a very positive impact on people because they were supported to make a real worthwhile

contribution towards conservation work in their community. This also demonstrated that input from other organisations and networks were encouraged and sustained.

Two people told us about the furniture delivery service where they did voluntary work. They told us it was hard work but also enjoyable. They said they got to meet lots of people in the community and that team work was really good.

The impact of all these initiatives for people were extremely encouraging, through personal development, education, voluntary work, training and learning new skills had all resulted in positive outcomes and aspirations for people's future that may lead to living in a less restrictive environment, gaining further qualifications and paid employment.

We saw people's bedrooms were highly personalised with a range of equipment in their rooms, such as computers, CDs, videos and TV to enable them to occupy their time in private. People showed us how they had decorated their bedrooms to their own taste. The registered manager told us that people had received 'Safe computer training'. This resulted in restrictions with some sites being blocked. This meant people still had access to a wide range of digital technology and information that was informative, entertaining and safe.

The service used assistive technology as a means of gaining access to and leaving the property in the form of a finger print reader. This allowed the provider to control who could operate the doors and also ensured that no person could gain access to the property who should not. This technology had allowed one particular person who used the service to increase his independence as he is now finger printed and can let himself in and out of the building to go for a cigarette and collect the post. This allowed him to develop his independence skills in a safe manner. When we spoke with this person he told us, "This would never have happened in hospital, I wasn't trusted. I am so much more independent now."

We saw staff supported people to maintain contact with friends and family as far as possible. This included accompanying people to visit family members. This was always under supervision and sometimes in a neutral location. One person told us, "I am now meeting up with my brother and together, we attend every home game at



Is the service responsive?

Newcastle united. The staff supported me with all the arrangements. It's really good." Another told us he kept in touch with a family member by telephone. This meant people were being supported to reconnect with family and friends that mattered to them. A relative told us, "My son has never been happier, he has been here for almost a year, he is very settled. I think the staff are doing a brilliant job, I am very impressed with this placement."

There was a formal complaints procedure which everyone had a copy of; this was also in a document called the service user guide. This was presented in a pictorial format to make sure everyone understood its content. Everyone

we spoke with knew about the complaints procedure. One person said, "We have participation meetings every week and if we have any complaints or concerns we can discuss them then, or you can tell the manager at any time, she always listens." Others said they had nothing to complain about, but if they did they would tell their key worker or the registered manager. This meant people were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt responses to matters raised were dealt with in an open, transparent and honest way.



Is the service well-led?

Our findings

The registered manager had been in post since the home opened in October 2014. She is also co-owner of the service and its sister home Low House. A registered manager is a person who has registered with CQC to manage the service.

The registered manager had the required qualifications and experience and was competent to run the home. She was also a qualified social worker with 19 years' experience of working with people with forensic conditions. When we spoke with the registered manager she had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. She told us they worked to continuously improve services by providing an increased quality of life for people who used the service with a strong focus on inclusion, fairness, equality and diversity issues. We saw the co-owner conducted unannounced inspections on a regular basis and formally recorded their findings, with action plans developed to make improvements in response to issues identified.

People who used the service we spoke with felt the home was well run and praised the registered manager and provider, who they said were approachable and listened to their views. One said, "They're both very good and always available."

People who used the service also told us that the culture within the home was open and transparent. One person said, "The manager is great, she always sorts things out quickly. Another said, "She is a very good manager I trust her loads, she's cool."

The registered manager and provider worked alongside staff overseeing the care given and providing support and guidance where needed. Our discussions with people who lived in the home and staff and our observations during the visit showed there was a positive and open culture led by the management team. A health care professional we spoke with said, "The management team were very approachable and they welcomed feedback and embraced ideas and advice."

Staff told us they felt valued and appreciated for the work they did by the management team. They said that the registered manager had an open door policy and they could talk to her or the deputy manager any time they wanted to. One staff member said, "[The manager] is the

best manager you could wish to work with." At the time of our inspection we found the staff team were all very professional, friendly and co-operative. We found them to be passionate, enthusiastic and dedicated to their work.

Staff demonstrated a good understanding of the values and ethos of the service and described how these were put into practice. They said the registered manager and provider led by example and encouraged them to make suggestions about how the service could be improved for people. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively.

Staff we spoke with also confirmed the management team gave them regular supervision. They said this gave them an opportunity to discuss their roles and issues as well as identify any training needs. The manager told us they monitored staff training using a training matrix, which we saw identified when updates were required.

The registered manager told us staff were asked to give their views on the service by completing a questionnaire. The results were compiled into a report. We looked at the surveys and saw that overall, staff satisfaction was consistently high.

The registered manager told us staff meetings were held regularly and staff were encouraged to air their views about the service. We saw minutes from the last two meetings which confirmed this and showed all aspects of the service provision were discussed with an emphasis on how to make improvements for people who lived in the home. Staff told us they found the meetings useful and felt their opinions were valued.

On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find.

The registered manager told us satisfaction surveys were sent out annually to people who lived in the home, health and social care professionals and staff. We saw a sample of the most recent surveys which gave very positive feedback. The registered manager told us the information from the surveys was being collated and would be displayed in the home so people could see the outcomes and any actions taken.



Is the service well-led?

Comments made by professional included, “The manager is always available to discuss any issues and staff are always prepared for my visits”, “There’s always a warm, friendly atmosphere. Staff are competent, well trained and have a caring attitude” and, “The service is very homely, with a friendly atmosphere and service users are always happy. I love coming here.”

We found monitoring of the service to be thorough and extremely good. For example, there were systems for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support the service provided, and its outcomes. We saw a range of health and safety audits had been periodically conducted by the provider and internal checks were also conducted regularly in areas such as fire safety, falls, accidents, community involvement, nutrition, care planning and complaints. The results of these audits were produced in pie charts for easy reference. Any areas identified as needing improvement during the auditing process were then analysed and incorporated into a structured action plan, which was effectively monitored. We saw a detailed report was frequently produced in relation to quality.

In addition, an annual business plan clearly summarised the organisation’s aims and objectives, with well-defined forward planning strategies being implemented. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

There was clear evidence of contact with people’s care managers, community mental health team and mental health act commissioners. The care records included sections for visiting professionals to record entries/ suggestions for people’s care. For example, following a recent review, one person’s community treatment order (CTO) had been suspended. This was because the person had made significant progress since their admission to the service that they no longer posed a risk to themselves or others.

All of these measures contributed to having a strong management ethos of being open and transparent in all areas of running the service.

We saw some sound policies and procedures, which the provider effectively reviewed and updated, in line with current thinking, research and practice, particularly those associated with mental health. For example, the service

had worked with Cambridge University as part of their research into forensic support for people with mental health and autism. The provider told us the university had commissioned additional research specifically linked to the therapeutic practices deployed by Resolve whilst still acknowledging significant public safety issues. This indicated that there was a culture of continuous improvement within the service and good use made of research projects carried out by expert bodies.

The provider is a registered educational provider delivering qualifications in skills for employment, training and personal development. It provides people who use the service with an opportunity to acquire skills up to diploma level.

The service worked in partnership with other organisations to make sure they were following current practice, providing a high quality service that had a framework for improvement. They strived for excellence through consultation, research and reflective practice. For example, by following the Model of Human Occupation and adoption of Total Attachment (Harbottle 2013). The latter is based on leadership, occupation, parenting and therapeutic practice in one. This model of care also explored why male adults with a learning disability might inappropriately offend. Three primary theories had been devised which were currently influential in the Offender Treatment Program (OTP). These theories were known as ‘counterfeit deviance’ for preconditions of offending. These contributed to Resolve’s understanding of offending behaviour, and how the risks for adults with learning disabilities can be mitigated. The registered manager told us, this then contributed to more effective and less punitive care of people who used the service. This showed us that the provider strived to explore and promote solutions that made a real positive difference to people’s lives and by keeping people safe, through training and recognised research.

The registered providers had recently been asked to give a presentation at the National Autistic Society conference held in Leeds to talk about the work they do within the two community based forensic learning disability services they have, specialising in supporting male offenders and about Resolve’s Model of Care that had proved to be so successful with positive outcomes for people using the services. The registered manager talked about the importance of the service gaining sector recognition for the quality of care



Is the service well-led?

provided and how this gave staff a sense of achievement along with increased confidence in the quality of care they were providing. This was echoed by the staff we spoke with and meant the service was being used as an influence on other care services to demonstrate good practice.

We found the registered manager had a commitment to delivering high standards of performance and managing improvements that were focussed on promoting dignity, valuing people's diverse needs and embracing innovative approaches to practices within the service. She said, "Our philosophy is underpinned by using meaningful occupation as a rehabilitative means."

Observations and feedback from staff, other professionals and people who used the service, showed us the service had a positive and open culture. This was because there were regular opportunities for people who lived at the home to contribute to the day to day running of the service. People we spoke with commented that there was a good system for them to feed information up through to the registered manager and the provider. In addition, if thought to be significant, updates on people's changing needs were emailed to each staff member so they were aware of any developments or changes.

One professional told us, "This has proven to be a tremendous placement for my client who had previously posed very high risks to others and displayed very challenging behaviours. We had tried other placements in

the past and all failed within a short period. My client has been there for almost a year. I am so very impressed with the model of care at Highview House, my client has absolutely thrived there." Another healthcare professional told us, "This is a very good, thorough service that has enhanced the quality of life for my client who receives one to one support in the least restrictive way. My client is involved in community activities, attaining new skills and knowledge and during the last 11 months he has settled in extremely well."

We saw the service worked in partnership with key organisations, the Ministry of Justice, colleges, universities, forestry commission including health authorities, local authorities, police, and safeguarding teams, to support care provision and service development.

We saw that people using the service were actively involved in the running of the home, including the recruitment of staff, menu planning, social activities, arranging holidays, work placements, voluntary work, garden design, education, review and key worker meetings. This meant people's views were valued and were actively involved in how the service was managed.

We found the leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care, supported learning and innovation, that promoted an open and fair culture.