

Community Integrated Care Abshot Road

Inspection report

52 Abshot Road
Titchfield Common
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Ratings

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

Summary of findings

Overall summary

About the service: Abshot Road is a residential care home that was providing personal care and support to people living with a learning disability. At the time of the inspection, two people were receiving care at Abshot Road.

Abshot Road was compliant with the values underpinned in Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People had access to local amenities, facilitates and healthcare services and were supported to access these regularly.

People's experience of using this service:

- The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. This ensured the provision of best practice guidance and that supported staff to meet people's individual needs.
- The registered manager and staff fostered an open culture of honesty and transparency. Staff were committed to delivering high quality care which enhanced people's lives.
- Staff worked in partnership with healthcare professionals and robust risk assessments were in place to ensure the safe delivery of person-centred care.
- People's rights and freedoms were upheld and staff treated people with dignity and respect. The provider took a proactive approach to inclusivity.
- Where people required additional support to manage anxious, distressed and heightened behaviour, we saw robust care planning and proactive support offered.
- There was a friendly atmosphere in the service and staff were caring and compassionate in their approach towards people. Staff knew people very well and supported people to access the local community and engage in activities of their choice.
- People were supported to achieve their goals and maintain their independence.
- There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service. Quality assurance systems were in place which ensured high standards were maintained.
- The service met the characteristics of Good across all domains. More information can be found to evidence this in the full report.

Rating at last inspection: At the last inspection the service was rated good (15 December 2016).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Abshot Road

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

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

Notice of inspection:

This planned comprehensive inspection took place on 12 March 2019. Due to the nature and size of the service people and staff are often out, therefore the inspection was announced and the provider was given 24 hours' notice that the inspection would take place.

What we did:

Before the inspection we reviewed the information, we had received about the service, including the previous inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we gathered information from:

- The registered manager

- Two staff members employed at the service
- Observations of interactions between people and supporting staff. Due to the nature of people's complex needs, people were not always able to tell us about their experiences, so we spent time observing interactions and the support that people received.
- Staff files, rotas and training records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Two people's care records

After the inspection we spoke to one relative and an external professional.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff members were able to describe the various types of abuse including verbal, physical, sexual, financial and psychological.
- Staff knew what actions to take and said they would report any concerns to the registered manager, local authority or the Care Quality Commission. One staff member told us, "I would report it straight away to my line manager."
- People and staff were treated equally, with respect, as individuals and protected from discrimination. Staff and the registered manager spoke to us about the importance of reinforcing a positive culture.
- Information was available to staff on whistle-blowing and the registered manager told us, "Staff are fully aware that they can come to me and whistle blow or go higher."

Assessing risk, safety monitoring and management:

- Staff knew people well and had a good understanding of how to reduce risk to people. People had individual robust and detailed risk assessments in place which covered a range of activities and tasks. For example, one person was identified as at risk of falls and appropriate measures had been implemented and documented to manage that risk.
- Staff and the registered manager recognised the importance of positive risk taking. Staff actively encouraged people's independence whilst recognising potential risks and how to mitigate those risks without impacting on their independence.
- The registered manager was MAPA trained (management of actual or potential aggression). Following any incidents of aggression, the registered manager provided de-briefs to staff and also analysed the situation to identify any triggers and how the situation might be avoided in the future. Information was readily available to staff about risks and how they could change in relation to MAPA.
- Staff worked proactively with people and actively recognised any signs of anxiety or distress. For example, staff told us that one person displayed specific behaviours when they were anxious. Staff were able to tell us how they managed to ease the person's anxiety and de-escalate the situation.
- The building was not owned by the provider and as such they were not responsible for the maintenance of the property. However, environmental risks were assessed and monitored regularly. Any concerns found were raised to the landlord quickly.
- In the event of a fire, people had a personal emergency evacuation plan (PEEP) in place to guide staff on how to assist people safely.

Staffing and recruitment:

- Staffing levels were sufficient to meet people's needs. Staff members told us that staffing levels were

sufficient to enable them to take people out and access the community. We also observed people had access to enough staff to support them to meet their support needs.

- Procedures were in place to check people were protected from the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained, and candidates attended an interview to assess their suitability for the role. Applicants were asked to complete details of their full employment history.

Using medicines safely:

- The management of medicines was safe. There were clear systems in place to store, administer and dispose of medicines appropriately.
- Medicine administration records (MAR) were fully completed and provided staff with descriptions of the medicines people were taking. Protocols were in place where people were prescribed PRN medicines (as and when required) to guide staff on when and how they should be administered.
- The provider recognised that the use of some PRN medicines could be restrictive practice. To ensure the administration of these medicines was safe and lawful, restrictive practice assessments were in place.
- Some people could become anxious when they attended medical appointments and the use of PRN medicines were required to ease their anxiety. Clear protocols were in place and were recognised, understood and followed by staff members.
- Staff responsible for supporting people with their medicines had received appropriate training to do so and had their competency assessed. Following any medicine errors, appropriate procedures were in place to investigate the error and identify any learning. Staff were also supported to have their competency re-assessed.
- Staff supported people to take their medicines with ease and patience. Before administering the medicine, staff checked that the medicine was for the right person, that the quantity was correct, and the dosage was correct. Staff ensured the person had a drink of their choice to hand and stayed with the person whilst they supported them to take their medicine.
- People were supported to receive regular reviews of their medicines and the registered manager and staff were actively supporting the reduction of people's medicines. In accordance with the STOMP initiative – stopping the over-medication of people with learning disabilities. For example, following one medicine review a person's antipsychotic medicine, which sedate people, was reduced.

Preventing and controlling infection:

- The environment was clean and tidy. People with support from staff, were encouraged to carry out their own laundry and load the dishwasher.
- Staff had received training in infection control. During the inspection we observed staff followed infection control practices for example, washing their hands before handling medication.

Learning lessons when things go wrong:

- The registered manager promoted an open and transparent culture in the home between staff, people and relatives.
- Incidents and accidents were recorded and reviewed to identify any emerging trends, themes or patterns.
- The registered manager told us, "Learning from your mistakes is important." Lessons learnt were shared in staff team meetings and staff contributed to the lessons learnt and discussed how future incidents might be prevented. For example, one staff member told us about an incident that was triggered by a delay in accessing a vehicle. They advised it had been identified that in the future, easy access to the car was essential and subsequently no further incidents had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The service completed comprehensive assessments of people's care and support needs. People's needs were then continually reassessed to ensure they received the support they required.
- Staff alongside the person on a monthly basis, considered what had gone well, what had not gone so well and significant events. For one person, a significant event for them was a reduction in one of their medicines.
- Staff were supported to follow best practice guidance to ensure high quality care was delivered. Staff had access to a learning file which provided guidance and information on best practice relevant to Abshot Road. For example, guidance was available on mouthcare, different consistencies of foods for people at risk of choking, patient safety alerts around the use of paraffin creams and information on MAPA techniques.

Staff support: induction, training, skills and experience:

- Staff demonstrated a good understanding of people's individual care and support needs. Staff spoke highly of the support they received. One staff member told us, "We are just like a little family and we support each other". Another staff member told us, "I always feel completely supported."
- Staff received a range of training appropriate to their role and new staff were supported to complete a structured induction programme, with opportunities to shadow more experienced staff. Staff were also partnered up with a buddy when they first joined the organisation. The buddy system provided staff with an instant support system.
- To deliver high quality and safe care, staff had received training in a wide range of subjects that enabled them to appropriately support people. For example, staff had received training in positive behaviour support, allergen awareness, basic life support and working in a person-centred way. Staff spoke positively about the training provided and that the training provided them with the skills and competence required.
- The service had a whole team approach to the delivery of care and support. One staff member told us, "The staff team as it is now, I wouldn't change for the world". Another staff member told us, "We work brilliantly as a team" and "We try to make their day more enjoyable as much as we can".

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

- People were supported to participate in weekly menu planning and meal plans reflected people's preferences.
- People, with support from staff were encouraged to maintain a healthy, balanced diet, based on their individual dietary needs.
- Documents demonstrated that specialist support from healthcare professionals such as dietitians and speech and language therapists (SALT) had been sought when necessary. Where people required a modified diet due to choking risks, SALT guidelines were readily available for staff to view. The registered manager

had worked alongside staff to change the guidelines over to new guidelines as recommended by the International Dysphagia Diet Standardisation Initiative (IDDSI).

- Where people required additional support with eating and drinking, staff provided this support effectively. For example, one person required support from staff to ensure their fluid intake throughout the day was not excessive.

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

- People were consistently supported to access health services. For example, people were supported to access their GP, hospital appointments and dentists. This was evidenced within people's daily care plans.
- Staff worked in partnership with healthcare professionals and people's relatives to promote good outcomes and to enhance their quality of life.
- In the event of an emergency hospital admission, grab bags were in place which included vital information to be shared with the hospital staff team.

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

- Bedrooms were personalised to reflect the person's personalities and preferences.
- Staff and the registered manager demonstrated an ethos that Abshot Road was people's home and care and consideration was given to making it comfortable and their own home.
- The design and ethos of the service was in line with the principles of Registering the Right Support. This guidance details the importance of people being involved in the design of the service, living in their local area, enabling people to access their local community, with good access to local healthcare services and not living in a group of homes clustered together on the same site.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met
- Staff and the registered manager fostered a culture of positive risk taking and supported people to live their lives in a way that maximised and promoted their independence. Staff had received training on the MCA 2005 and DoLS and worked in line with the principles of the Act.
- Where possible, staff gained consent from people and encouraged people to make their own decisions. One staff member told us, "We promote their independence as much as we can." An external professional told us confirmed to us that people were supported to make their own decisions as much as possible.
- Where required, DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Families and healthcare professionals were involved in these processes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care. A relative told us, "I'm delighted really, [staff] are so caring and loving to my [family member]".

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed staff were kind and caring with people and responsive to their needs. Staff supported people in a friendly, warm and compassionate way.
- Staff and the registered manager knew people very well and provided care and support that promoted their quality of life. One staff member told us, "I feel like every conversation we have is what can we do to make their day better".
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation.
- Staff spoke with fondness and genuine concern for the wellbeing and the happiness of the people they supported. For example, one staff member told us about how people were supported to access and engage with the local community. They told us, "There's nothing better than going out somewhere and people recognise him."
- Observations throughout the inspection demonstrated staff had an empathetic, non-judgemental and accepting attitude towards the people they supported. The registered manager told us, "(Person's) laugh is extremely contagious".
- Staff and the registered manager recognised the diverse and individual needs of the people they supported. Staff members recognised each person had unique communication needs that were pertinent to them and also understood it was important for them to respect what was important to people. The registered manager told us that for one person, it was important to them to dress smartly and be presentable alongside respecting their family.

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

- People were involved in the planning of their care as much as possible. Staff ensured relatives, advocates and others who were important to people were kept updated with any changes to the person's care.
- Staff were familiar with people's communication needs and this helped to ensure people were able to express their wishes. For example, staff members told us how when one person raised their eyebrows and ears this was a form of communication by them. Staff were observed engaging with people throughout the inspection using visual prompts as a form of communication. Staff continually offered people choices and encouraged them to make day to day decisions.

Respecting and promoting people's privacy, dignity and independence:

- People's independence was valued and promoted by staff. Staff recognised the importance of upholding and respecting people's dignity. One staff member told us, "Staff treat them the way they would like to be

treated."

- Staff took personalised approaches to promote people to be independent with life skills. Staff encouraged people's independence on a daily basis through encouraging people to do their own laundry and cleaning.
- Staff actively encouraged people to carry out personal care themselves and recognised that even the smallest of task, could mean a huge amount to the person.
- One person accessed the local shop daily to buy their own newspaper. Staff told us how through this daily task, the person had built a rapport with the local shop keeper.
- Care records and other confidential information were stored securely in the service.
- We saw staff treated people with the utmost respect. Staff knew people very well, including their individual likes, dislikes, life history and interests.
- Staff recognised the impact that loneliness could have on people and proactively worked with people to maintain their relationships and to also build and make new relationships and friendships. With Mother's Day approaching, staff supported people to buy cards and presents.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff were responsive and readily available to offer emotional support, where people required reassurance and behaviour management approaches. Staff told us how one person could display behaviours which challenged daily, but they were able to identify their triggers and provide support and care in a personalised manner which met their needs at the time.
- People's care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to their social and emotional needs. Guidance was in place for staff with information detailing the signs and symptoms that a person may be distressed alongside the actions required to support them.
- Staff and the registered manager worked creatively and thought of ideas about how best to support people. For example, for one person, they had recently purchased a light box to help reduce their symptoms of seasonal affective disorder.
- We saw evidence of positive outcomes for people due to thorough care planning and delivery. Care and consideration was given to goal setting and supporting people to achieve their goals. For example, care documentation reflected for one person their goal in 2019 was to go on holiday. A recent care review demonstrated this goal was discussed with family members who were supportive of the person achieving this and going away.
- People's life history, likes, dislikes and what was important to them were recorded. Staff were knowledgeable about these and could explain how they supported people in line with this information.
- People had access to opportunities to engage in a wide range of activities both on-site and in the community. One staff member told us, "[Person] really does enjoy going out for coffee but particularly enjoys a nice quiet café in the middle of nowhere. Took them to a park recently and a quiet tea room. Staff at a local café have dedicated a table to him that he uses when he goes". A relative told us, "They're so thoughtful and take [person] out".
- Good practice guidance advises sensory stimulation for those living with a learning disability can promote quality of life. Staff understood the importance of sensory stimulation and confirmed that people were supported to engage with sensory stimulation.
- The provider was working in accordance with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider provided guidance to staff on how to communicate with people as effectively as possible.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This included an accessible easy read format for people using appropriate symbols and pictures. We saw these were available in people's bedrooms. There had been no

complaints received at Abshot Road since the last inspection. A relative told us they were comfortable to raise any concerns they had with staff.

End of life care and support

- At the time of this inspection no one living at Abshot Road was receiving end of life care. However, care planning and assessment processes were in place and would be used to support people when needed.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The care and support people received was designed in a person-centred way and delivered to a high standard.
- The registered manager and staff fostered a culture whereby people were put first, and staff continually reviewed and revised their delivery of care to enhance and promote people's well-being and quality of life.
- The ethos of the service was well understood by staff and the registered manager led by example. Staff spoke highly about the registered manager, praising his leadership and management skills. One staff member told us, "He's brilliant." Staff described the registered manager as always listening and responding promptly to any concerns raised. One staff member told us, "I've never quite had a manager like him." and "I couldn't quite ask for a better manager."
- The registered manager discussed his commitment to provide high quality care and the importance of all staff feeling "valued", having opportunities to progress and leading by example. The registered manager told us, "I want to value my staff and be proud that they are caring people".
- Staff and the registered manager told us they promoted a culture in the home to be open and honest. The registered manager understood their responsibilities under the duty of candour.

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

- There was a clear management structure in place including the manager, deputy manager and support staff.
- The registered manager and staff had a good understanding of their responsibilities and any risks to people in the service.
- Management and staff were clear about their roles and requirements and communicated effectively to ensure people's needs were met and changes or concerns were shared.
- The registered manager and staff completed quality checks on a regular basis. The provider then completed a comprehensive audit system to monitor the quality of the service people received.
- Systems were in place to review and monitor complaints and accidents and incidents should they occur.

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

- The registered manager was committed to the development and progression of staff. A range of initiatives were being implemented by the provider to make training easier for staff to access. The registered manager told us, "The training system is called 'Dare to Learn' and this is about trying to make it easier and better for

staff to book their own training and to give staff a bit more ownership on their training."

- The provider and registered manager were dedicated in making staff feel valued. The registered manager told us how a staff fund was in place for emergencies alongside a wellbeing fund.
- Staff's dedication, passion and commitment was recognised by the provider. Each month, staff were nominated for a staff award (little acorn award) for their hard work and dedication that month. In February 2019, a support staff member from Abshot Road was nominated and won the award.

Continuous learning and improving care:

- The registered manager told us they could access support across the provider's resources such as information sharing with other registered managers. Monthly, the registered manager met with other managers to share lessons learnt, discuss CQC updates and discuss good practice.
- The provider encouraged feedback from staff, people and their relatives. Surveys were utilised as a forum to gain feedback from relatives. A relative survey was sent out in 2018 and the results were positive. Feedback included: 'Staff look after my son well' and 'Person loves his home.' Feedback was also utilised to drive improvement.
- Staff meetings were held on a regular basis and provided staff with a safe forum to raise concerns, discuss practice issues and consider how to improve the delivery of care. A recent staff meeting held in February 2019 identified if de-escalation techniques were not working for one person, staff need to retreat upstairs.

Working in partnership with others

- The provider worked well with healthcare professionals to promote positive outcomes for people.
- The service was very much part of the local community. Staff regularly supported people to access local shops and coffee shops where they had developed relationships with local businesses and were known on a first name basis.