Mr & Mrs E L K Eckersley

# Highfield Residential Home

## Inspection report

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## Ratings

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

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

# Summary of findings

## Overall summary

This inspection took place on 7 October 2016 and was unannounced. We last inspected this service on 14 and 22 May 2014, and found that they needed to take action to improve the care and welfare of people who used services and the management of records. These previous shortfalls had been addressed.

Highfield Residential Home provides care and accommodation for up to 23 older people, some of whom live with physical disabilities and dementia. At the time of our inspection there were 21 people using the service, with one person in hospital.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to meet peoples' needs. Staff had a good understanding of their roles and responsibilities to safeguard people, and to provide care that was person-centred. Staff were recruited safely and were trained and supported by the managers.

People's care needs had been identified and appropriate care plans put in place to meet these needs in a way that was consistent. People's care plans were detailed, up to date and followed by staff . Risks to people's health and well-being had been assessed and management plans that took account of people's views and choices. Staff were aware of the risk assessments and supported people accordingly. People's medicines were managed and stored appropriately, and staff supported people to access healthcare services when required.

People were supported by staff that were friendly, kind and caring. They had their privacy, dignity and choices respected by staff who sought their consent before providing any care. The requirements of the Mental Capacity Act 2005 were met. People told us the meals provided were tasty and they had the support they needed to remain healthy and well.

The provider had a quality assurance system in place, and people, their relatives and staff commented positively about the management team. We did not meet with the registered manager during our inspection because they were on leave. However, the two deputy managers who supported the registered manager were knowledgeable and clear in their role and responsibilities. There were policies and procedures in place to effectively manage complaints, concerns and the quality of the service.

## 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.

There were enough staff, who had been recruited safely, to meet people's needs.

Staff were trained in safeguarding people and knew how to keep people safe from avoidable harm.

Risks to people's health and well-being had been assessment and managed.

People's medicines were managed and stored appropriately.

### Is the service effective?

Good

The service effective.

The requirements of the Mental Capacity Act 2005 were met.

Staff were trained and they understood people's care needs.

People were provided with sufficient food and drinks.

People were supported to access healthcare services when required.

### Is the service caring?

Good

The service was caring.

Staff were kind, caring and respectful towards the people who used the service.

Staff had developed positive relationships with people.

Staff were aware of people's care needs and preferences.

People had their privacy and dignity respected by staff.

### Is the service responsive?

Good

The service was responsive.

People's care needs had been identified before they started using the service.

Appropriate care plans were in place to give staff guidance on meeting people's needs in a way that was consistent.

People were supported in a personalised way.

There was an effective system in place for handling complaints.

## Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was supported by two deputy manages.

The managers were visible, approachable and understood their role and responsibilities.

People and their relatives were involved in the development of the service and so were the staff team.

The provider had a quality monitoring process in place.

# Highfield Residential Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 7 October 2016 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed the service's previous inspection report and information we held including notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with five people, two relatives, three care staff, one of the cooks, a visiting professional and the two deputy managers to gather feedback on the quality of the service. After the inspection we spoke with the registered manager.

We looked at the care records and risk assessments of two people, and we checked medicines and medicines administration records (MAR) of three people to understand how their care was managed. We also looked at three staff records to review the provider's recruitment, supervision and training processes, and reviewed how the quality of the service including complaints were monitored and managed. We also observed how people were cared for by staff in communal areas of the home.

Good

# Is the service safe?

## Our findings

People told us they felt safe and well looked after.

The provider's recruitment policy gave guidance on the safe recruitment of staff. This had not been followed consistently. One of the staff files we looked at did not have proof of identity for the staff member and the other file had only one written reference. One of the deputy managers showed us audits of staff records that identified these issues, and the registered manager told us they would address the shortfalls. All staff had a criminal background check and most had worked at the service for a long time so the providers knew them well. The lack of records for these two staff did not pose a risk to people but we would recommend the provider ensures they have all the records relating to staff required by the regulations.

Members of the staff team told us there was enough staff to safely care for people. One said, "Sometimes you get a manic day, but you get that in all jobs. We have had more staff before and you find you are standing around bored not having enough to do so the number of staff is just right." Another member of staff said, "Yes there is enough staff."

A review of the staff roster showed that there were three care staff planned to support people during the morning and afternoon shifts, and two members of staff at night. There were also two deputy managers rostered to manage the staff and to help care for people. We observed that most people spent their day in one of the lounge areas or in their bedrooms. Staff went around interacting with people and stopped to have a chat. Staff were on hand to support people when they needed it and call bells were answered promptly.

The registered manager used a staffing assessment to determine the numbers of staff required to support people. This assessment took into account the needs of the people who lived at the home and the layout of the building to inform the way staff would be deployed. One of the deputy managers told us that staffing numbers were always reviewed when rosters were being drawn up, and that the number of staff planned for afternoon shifts had been increased from two to three following observations that they had carried out. They told us that staffing levels were kept under review.

People told us they felt safe living at the home. One person said, "With all the doom and gloom going on in the world these days, we are well looked after here." Another person told us, "I feel safe here, I'm not attacked by anybody." A relative we spoke with added, "It is a safe place, I really like it because it is not too big."

The provider had an up to date safeguarding policy that gave guidance to the staff on how to identify and respond to concerns in relation to people's safety. Staff told us they had received safeguarding training and demonstrated their understanding of the subject in conversations we had with them. A member of staff told us, "I did the safeguarding training. Our job comes with the great responsibility of making sure that they [People] are safeguarded. [People] are vulnerable to physical, financial, sexual and all the other forms of abuse. The signs we look out for [that could indicate a person was at risk of abuse] are them becoming

withdrawn, decline personal care, bruising and flinching when staff come near them. If I witnessed any abuse I would report it to [the registered manager] and if [they] are not in, I'll speak to the deputy. Depending on the severity, I would report any immediate dangers to the police and also ring the CQC." With this we were satisfied that staff understood and recognised the types of risks to people, and they knew what actions needed to be taken if there were concerns about people's safety.

A review of records showed that in the main, action had been taken by the management team to refer concerns to the local safeguarding authority. However, we reviewed records of a complaint that involved a member of staff. Although the incident was minor in nature, one of the deputy managers agreed to seek advice from safeguarding team.

The provider had a whistleblowing policy that provided staff a way in which they could report concerns within their workplace. Staff were aware of this policy and understood their responsibilities to report concerns. A member of staff we spoke with told us, "Whistleblowing is the way of reporting unsafe action or practice. I would be happy to whistle blow if someone was doing something to jeopardise the safety of residents."

Risks to people's safety and welfare in relation to their care needs had been assessed and personalised risk assessments put in place. People's risk assessments took account of their wishes and preferences. For example, one person was assessed by speech and language therapists (SALT) to be at risk after two choking incidents. SALT advised that the person needed to eat a soft diet in order to reduce the risk of harm. The person declined this advice as they wanted to eat the foods they enjoyed without any modification. The provider took action to assess the risk of the person's decision and put precautionary measures in place such as having a member of staff in the dining room during mealtimes, to observe and support the person in the event of a choking incident. Staff told us that they had received training to support the person in an event that they choked on foods and we observed staff at lunch time in the dining areas as planned to safeguard the person. We spoke with the person after their meal and they told us, "I am [number of years old] and eat what I want," meaning that they understood the risks and chose to eat the food they enjoyed. We found that where people were at risk of falling, risk assessments had also been completed and relevant equipment had been put in place to aid safe mobility. Risks posed to the people by the environment had also been assessed and risk management plans put in place to safeguard people.

There were suitable arrangements in place for the management of people's medicines. Medicines were stored securely, and there was a system in place for their receipt and safe disposal. Staff were trained and their competencies assessed before they handled medicines. Appropriate records were maintained to show when these had been given to people, which provided an audit system for the managers. A check of stock medicines against administration records for three people indicated that they had received their medicines as prescribed.

Good

# Is the service effective?

## Our findings

People told us they were offered choices and that they felt the staff were well trained. People told us they enjoyed the meals on offer and that they had the support they needed with their health needs.

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. Staff had an understanding of the MCA and followed its principles.
We found that people's capacity to make and understand the implication of certain decisions about their care had been assessed and where people were deemed to have capacity, they had consented to their care and support. For example, we saw that one person has signed forms consenting to their photograph being used in their care records and also allowing staff to hold the keys to their bedroom. The registered manager was aware that, when people who lacked capacity needed to make a big decision, a best interest meeting would be arranged. This meeting would involve the person and their loved ones with everyone together deciding if a decision was in the person's best interest.

The management team had assessed whether people were being deprived of their liberty due to the way their care was managed. They found that authorisations were required for some people and therefore applications had been made to the supervisory body as required by the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their responsibilities to seek people's consent before providing care or support. A member of staff we spoke with told us, "We just ask their [people's] permission before we help them with any care and respect their decisions." We observed during the course of our inspection that staff asked for people's consent before for example, before going into their bedrooms or when supporting them to mobilise.

People and their relatives told us staff understood people's care needs. One person said, "Staff are very good, they are very understanding." A relative told us, "They [Staff] know how to look after [Relative]." Staff were able to demonstrate their knowledge and understanding of people's care needs in conversations we had with them. For example, a member of staff explained how they met the care needs of a person living with diabetes which correlated with what was written in the person's care plan. We also observed staff supporting a person to mobilise and again, this was carried out as noted in the person's care records. This confirmed people's care was provided in a way that was consistent and met their needs.

Staff were trained in areas that enabled them to understand their roles and met people's needs. A member of staff we spoke with told us, "I have completed all the mandatory training." We saw that training covered areas such as safeguarding people, fire safety, first aid, medication, manual handling, health and safety, and infection control. More specialists training such as epilepsy, Parkinson's disease, diabetes and stroke had

been planned to take place by the end of October 2016 to give staff more of an understanding of people's diagnoses and how to care for them. New members of staff received a thorough induction which involved assessments of their skills and knowledge to ensure they could effectively carry out their roles, before they passed their probationary period and were confirmed in post.

Staff told us they felt supported by the management team in carrying out their roles. This was done by way of annual appraisals of their performance along with regular supervisions. A member of staff we spoke with confirmed this and said that supervisions took place on a monthly basis. A review of staff records confirmed that staff supervision and appraisals had taken place.

People told us that they had enough to eat and drink and that they enjoyed the variety of food that was provided by the service. A person we spoke with told us, "The food is very good, I would recommend it." Another person said, "The food is all right, there is enough of it." People's nutritional needs had been assessed and their care records took account of their preferences around food. For example, a person who used the service preferred goat's milk and particular brands of bread which they were provided with. We observed on the day of our inspection that two choices of foods were written on a whiteboard detailing what was on offer for lunch. Some people were able to read this and told us what they were going to have but there were others who had difficulty in seeing or understanding what was written on the whiteboard. One of them said to us, "I wouldn't know what I am having to eat until I get to the table." We saw evidence in the last 'residents' meeting that people chose the foods they wanted on the menu, and people told us that they always had choices. People were told about the menu choices each day. It may help people, especially people living with dementia, to have a more accessible version of the menu, for example a menu that includes some pictures.

One of the deputy managers told us of a hydration project the service took part in. This was a study introduced to the service by the Kent, Surrey, Sussex Academic Health Service Network to educate staff and people on the importance drinking enough fluids in order to reduce urinary tract infections, falls and hospital admissions. We saw that jugs with water and various other drinks were placed in people's bedrooms and in their reach to encourage them to drink. Staff we spoke with told us that this project has had a positive impact on people's health and well-being.

People were supported to access healthcare services when required to maintain their health and well-being. A member of staff we spoke with told us, "We have a GP who comes in every Wednesday for general issues like coughs and medication reviews. If someone was ill, we will call out a GP to see them." People's care records contained information on their healthcare needs and guidance for staff on supporting them to maintain their health and wellbeing. A healthcare professional we met told us, "I got involved because a lady had lots of falls, but now they have all the equipment and care plans in place and they are all up to date."

Good

# Is the service caring?

## Our findings

People and their relatives told us that staff were kind and caring. One person said, "The staff are very kind to us, we get on." Another person told us, "The staff are alright, you can talk to them if you have any worries or troubles." One other person said, "They [Staff] are good, they look after me." A relative we spoke with told us, "They [Staff] seem to be alright. They can do with more staff, but the ones I see are very nice and caring."

We found the interactions between staff and people who lived at the home to be positive and supportive. It was clear that positive relationships had been developed, with people and staff seeming familiar with each other, which created an atmosphere that was positive and upbeat. People were well presented and appeared well looked after. They told us they were happy and contented living at the home. One person told us, "I am quite happy here." Another person said, "I like it here, we are all in the same boat and get on with each other." We saw that staff spent their time interacting with people to ensure they were happy. They communicated with people in a friendly and respectful manner, and they called people by their preferred names. In a conversation about the service with a member of staff they told us, "I love working here, I hope we get a good report because it is a lovely home."

Staff were knowledgeable about people's care needs. We found that people's care records contained information about their life history, preferences and the things that were important to them. There were specific sections of people's care plans called 'social history' and 'my life so far'. These detailed information about people's early life, their family structure and important memories. This information helped staff to understand people and their backgrounds, and enabled them to provide care that was centred around people's individualism.

Staff understood the importance of promoting peoples independence. We observed staff patiently encouraged people who used the service to do as much for themselves as they could and they stepped in to support where necessary. For example, when staff helped a person to mobilise to the dining area for their lunch, they encouraged the person to stand using their walking aid and only provided support when the person needed it. This promoted the person's self-esteem. A member of staff we spoke with gave us an example of how they promoted independence. They said, "For example, during personal care [Person] does the areas [they] can reach and we do the rest."

Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private, seeking people's consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with their care. Staff also understood how to maintain confidentiality by not discussing people's care needs outside of the work place or with agencies that were not directly involved in people's care. We also saw that people's care records were kept securely in the office.

People had been given information about the service to enable them to make informed choices and decisions. The range of information included the level of support they should expect and who to speak to if they had concerns about their care. Some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them. There was

also information about an independent advocacy service that people could contact if they required additional support.

Good

# Is the service responsive?

## Our findings

People told us that staff responded to their needs and that they had the support they needed.

The provider had assessed people's needs prior to them living at the home, and people's care was person-centred. People's pre – admission assessment records covered areas such as their history, their physical health needs, their nutritional and dietary needs, the management of their medicines and their communication methods. One of the deputy managers told us, "We carry out a detailed assessment when someone is admitted to the home, we try to get as much information as we can about what they did before coming here to make sure we give the right care." People's pre-admission assessments identified the level of care they needed, and formed the basis from which their care plans were developed. We reviewed two people's pre-admission records and found that they were involved in the assessment process.

People's care plans were personalised and contained detailed information about their care needs, and the support they required from staff. The two care plans we looked at detailed how people wanted their care provided, in regards to their personal care and hygiene needs, their nutritional and mobility needs, taking their medicines and around their hobbies and interests. Staff were aware of people's care plans and provided support that was in line with the care plans. A member of staff we spoke with told us, "They [People] all have their individual care plans which they are involved in developing. We care for them as it is planned in their care plans." People's care plans were reviewed regularly and in response to their changing needs. This was to ensure care plans were current and appropriately captured people's support needs. Daily records of the care people received were also completed by staff to evidence outcomes of people's care.

People were supported by staff to take part in activities that were of interest to them. We saw photographs of people taking part in activities that included bingo, dancing, manicures and pedicures. We also saw that a member of staff had brought their horses to the home for people to pet for a day. One of the deputy managers told us that three members of staff had voluntarily organised a walking group to take people out on Tuesday mornings and that people who took part were enjoying these. A person we spoke with told us, "They [Staff] try their best to entertain us." The service was involved in a project called MOOCH (Monitoring Outcomes of Care Homes) funded by the School for Social Care Research. They had recorded information on eight people's quality of life and compared the outcomes related to what they would expect if those people were living in their own home which was positive.

The provider had a complaints procedure in place and the people we spoke with and their relatives told us they knew who they could raise concerns to. One person said, "I don't have any complaints. I will talk to staff if I have any complaints." A relative said, "I will talk to the manager if we have any complaints but I don't have any, we are happy with the care." The provider had a complaints policy which was displayed on a notice board in the lounge area. We reviewed the records of complaints that had been made and found that they were resolved to the complainants' satisfaction.

Good

# Is the service well-led?

## Our findings

People told us that they thought the service was well managed.

There was a registered manager in post but they were on leave at the time of our inspection. They were supported in the day to day management of the service by two deputy managers. People and their relatives commented positively about the management team. One person told us, " They [Management team] look after you and that's what is important." Another person said, "If you have any troubles they sort them out for you." A relative told us, "[Registered Manager] is very nice, we can talk to her if there are any issues." Staff were equally complimentary of the registered manager. A member of staff we spoke with told us, "[Registered Manager] does part time hours and works three or four days a week. She is very caring, supportive and approachable. She listens and takes on-board what you're saying." Another member of staff said, "There's always a manager here and if not you can always ring them. They have an open door policy."

We did not meet with the registered manager on the day of our inspection, but we spoke with them afterwards. The two deputy managers we met during the inspection were visible throughout our inspection and they demonstrated a good level of leadership for the staff team. They were clear in their role, understood the needs of the people who used the service, their relatives and staff, and they were very much in tune with the culture and workings of the home. Staff told us that the two deputy managers were approachable and supportive. A member of staff we spoke with said, "I will speak to one of the deputy managers if I have any concerns or needed to know something."

From our observations and discussions with staff, we were satisfied that they were also clear in their role and responsibilities. A member of staff we spoke with told us, "Staff are very caring of each other, we are a very close team and that has created a good atmosphere in the home." Another member of staff said, "We are always thinking of new ways to help the residents and each other." We observed the staff working together as a team and when required, they supported one another in meeting people's needs. Team meetings were held, although they were not regular. These provided staff a platform to contribute in the development of the service. We reviewed the minutes of the meeting held on 23 September 2016 and found topics of conversation included people's needs, staff communication, shift handovers, people's medicines, housekeeping and report writing. People who used the service also took part in the development of the service by way of 'residents meetings. We reviewed the minutes of a meeting held in April 2016 and saw that food, entertainment and a new cinema room were discussed.

The provider had a quality monitoring system that involved the completion of satisfaction surveys to gather people's views on the quality of the service. We saw that questionnaires were sent to people who used the service and their relatives on an annual basis to have their say on what the provider could improve on. The results of these surveys were used to identify areas of improvement to be made within the home. We reviewed the results of the latest survey and found that in the main, people who responded were satisfied with the quality of the service. An action plan was developed to address any areas that people raised as requiring improvement.

Part of the provider's quality assurance system included the completion of quality audits by the management team on a weekly, monthly and annual basis. These audits focussed on areas such as people's medicines, their care records, staff training and staff records. These audits were effective in addressing shortfalls in staff records for example, which one of the deputy managers showed us. We saw that reports of CQC inspections of other services were reviewed by one of the deputy managers and used to identify areas of further improvements.

The provider had a system for handling compliments that were made about the service, the staff and the care that was provided to people. We reviewed records of compliments and found one that read, "I wish to express my appreciation and thanks to all staff for the special care that you have given to [Relative], and also the kindness shown to [our family]." The registered manager had sent notifications relating to certain events to the Care Quality Commission as required.