Barchester Healthcare Homes Limited

Highfield

Inspection report

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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

This inspection took place on 30 and 31 January 2018 and was unannounced.

Highfield [the service] is a care home with nursing for 55 people over the age of 18 with a physical disability. Some people who use the service are living with dementia. There are two floors and people with nursing or residential needs lived on the ground floor and people living with dementia were on the upper floor. We found there were 25 people with nursing or residential needs and 14 people living with dementia in residence, at the time of this inspection.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection, the service was rated Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us they felt safe and were well cared for. The provider followed robust recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way. Medicine management practices were being reviewed by the registered manager and action was taken to ensure medicines were given safely and as prescribed by people's GPs.

Staff had completed relevant training. We found that the nurses and care staff received regular supervision and yearly appraisals, to fulfil their roles effectively.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were able to talk to health care professionals about their care and treatment. People could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the district nursing team and speech and language therapists (SALT).

People had access to adequate food and drinks and we found that people were assessed for nutritional risk and were seen by the SALT team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals.

People were treated with respect and dignity by the staff. People and relatives said staff were caring and

they were happy with the care they received and had been included in planning and agreeing the care provided.

People had access to community facilities and the range of activities provided in the service ensured people could engage in stimulating and interesting social activities.

People and relatives knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with.

People told us that the service was well managed and organised. People and staff were asked for their views and their suggestions were used to continuously improve 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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Highfield

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.

This inspection took place on 30 and 31 January 2018 and it was unannounced. The inspection was carried out by one inspector and two experts-by-experience on day one of the inspection. The inspector completed the inspection alone on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience who assisted with this inspection had knowledge and experience relating to older people.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at last once annually to give some key information about the service, what the service does well and improvements they plan to make. The information we gathered was used to plan this inspection.

During the inspection we met and spoke with a senior general manager, the registered manager, a registered nurse, one senior care staff, two care staff, the chef, the activities co-ordinator and a member of housekeeping staff. We also spoke with 16 people who used the service and four relatives. On both floors we observed care interactions between staff and people who used the service, and observed the lunch time period in the dining rooms. Most people could communicate with us, although some people had communication problems or dementia.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk assessments and Medication Administration Records (MARs).

We also looked at a selection of documentation created as part of the management and running of the

service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training and supervision records, risk assessments and accident/incident documentation, policies and procedures and records of maintenance carried out on equipment.

Good

Is the service safe?

Our findings

People told us the service was a safe place to live. Comments included, "Its lovely, If I want anybody I press this button and someone comes" and a visitor said, "My relative had a lot of falls at home; their mobility is not good. Their needs are met and they are safe here."

We checked the call bell times for one person who had said they waited a long time for staff to respond. Over the last week 90% of their calls for assistance were responded to within three minutes. The maximum time staff took to respond was eight minutes on one occasion, demonstrating that staff did respond promptly most of the time.

We looked at a copy of a dependency tool used by the registered manager and checked four weeks of the staff roster; this indicated there were sufficient staff on duty over the 24 hour period to meet people's needs. We observed that people were settled and relaxed in the service. Any calls for attention throughout the day were dealt with straight away and people received a good standard of care.

Staff received training on making a safeguarding alert so that they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with the managers and were confident any issues they raised would be dealt with immediately.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

The fire risk assessment for the service was up to date and had been reviewed in November 2017. Fire safety training was completed twice a year and fire drills/evacuation scenarios took place four times a year. The provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency.

Records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service.

An infection prevention and control audit had been completed and had an action plan in place. We looked at the communal areas and a sample of bedrooms (with people's permission). Premises were clean and there were no malodours.

The arrangements for managing people's medicines were safe. People's medicines were kept under review and medicines were administered to people in a safe way. People were helped and supervised if they

needed to be.

Good

Is the service effective?

Our findings

People told us the staff were well trained and they were able to meet their needs. Staff who were new to the caring profession were required to complete the Care Certificate; this ensured that new staff received a consistent induction in line with national standards. Agency staff also completed an induction before starting work in the service.

A comprehensive training programme was in place for new staff and there was continuing training and development for established staff. Some people had different medical conditions and staff had received specialist training to meet their needs.

Staff were supported by having regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff had also received annual appraisals of their work performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that people had been assessed for capacity, and DoLS referrals were being made to the supervisory body.

People had access to a Doctor and other health care professionals. They told us, "Chiropodist comes regularly" and "Dentist hasn't been for a long time. The Optician comes regularly. I see a doctor whenever I need to." Evidence of visits and appointments by and to health care professionals were clearly recorded in people's care notes.

Input from specialists such as SALT, dieticians and the community learning disability team was used to develop people's care plans and any changes to care were updated immediately. There were risk assessments relating to nutrition, choking and swallowing and where appropriate referrals had been made to the dietician or Speech and Language therapy (SALT) team.

Staff offered people appropriate support with eating and drinking. People were offered different options of meals until they found one they liked. The food smelt appetising and there were ample portions. The pureed food was well presented and colourful.

The environment was clean and tidy, but there were areas that needed repairs or refurbishment. Discussion with the registered manager showed that the provider was aware of this and had plans in place for a major upgrade of the service over the next two years. We saw evidence that the provider did their best to ensure

the existing environment was well maintained and any issues were dealt with immediately. For example, repairs to the roof had been carried out and the kitchen had a major refurbishment last year.

Good

Is the service caring?

Our findings

People and relatives experienced good communication with the staff. We saw that one person used a writing pad and IPAD to communicate with others. Staff had a communication book for daily appointments and the nurse completed a verbal handover with staff between each shift. Handover sheets were also available to look at and staff found these useful to read when they had been off duty.

People thought staff were very caring and helpful and support was always there. Comments included, "They talk to me on a one-to-one basis. They explain what they need to do and they are very patient with me. They always knock on my door before entering" and "The nature of my relative's health affects their ability to know what is right or wrong. They sometimes say inappropriate things to people. The staff are kind and respectful towards them regarding this."

We observed positive care interactions between staff and people. For example, in the lounge two staff moved a person using a hoist. Staff explained to the person what they were doing calling that person by their name. When staff were ready to lift the person they explained that they needed to move their feet to make them safe. The lift was done efficiently and professionally and when the person was in the wheelchair the staff moved them into the dining room to a table.

While we were talking to people in their rooms we observed staff knocking on doors before entering a room and addressing people by their names. We heard staff speaking to people politely and kindly offering drinks and filling in their care plans. People were relaxed in the presence of staff and we observed people looked happy.

The staff were kind and compassionate in the way they treated people, including those living with dementia. For example, one person who constantly left their place and walked around without purpose was led gently back and reassured. When they shouted out the staff calmed them. People told us the staff were, "Nice" and "Lovely." One visitor told us their relative could be, "Very challenging, but the staff cope beautifully."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

Good

Is the service responsive?

Our findings

An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences. Risk assessments had been completed and care plans were in place to make sure people stayed safe and well. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date.

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. People were aware of their care plans and were involved in making decisions about their care. This made sure care plans were current and continued to reflect people's preferences as their needs changed.

We saw that people with complex needs had appropriate care and support to manage their medical conditions including specialist equipment such as syringe drivers for pain relief and air mattresses/cushions for comfort and pressure relief. Families were made welcome in the service and were able to assist their loved ones with their care and support as wished. A relative told us, "We believe we are involved. The Doctor spent some time with us today. We can talk to the staff, they are amenable and will change things." There was no-one requiring end of life care at the time of our inspection. However, we saw evidence that work had gone into discussing end of life wishes and choices for people who used the service.

People said there were enough things to get involved in at the service and told us, "The hairdresser comes on a Wednesday and young children came at Christmas to do some singing and dancing", "The activities person brings me library books if I ask them", "Staff come in and talk to me" and "I can't walk. If I want to get involved they will take me in a wheel chair to the lounge." A relative told us, "They do have daily trips; there is a dog that comes in. There is plenty to do. There is also a program of activities in the bedroom."

The activities co-ordinator was very keen that people's individual needs were met and catered for. They spent time once a week with one person singing 'Evensong' as the person could no longer get to church. They encouraged people to have contact with the community and had arranged for children from the local Primary School to come in and play Bingo or games with people or sing with them.

People were happy with the service. They felt if they had a problem they would be listened to and knew how to make a complaint. They told us, "There is the office. I usually speak with the boss (Manager). I also speak with my key worker" and "If you look on my wardrobe there is a sticker with the name of my key worker. I would talk to them." A relative told us, "Everything gets dealt with if you mention it. Even the handyman responds well".

The registered manager was aware of the need to make information for people available in accessible formats to ensure people were able to read and understand it. This work was on-going.

One person mentioned there was a designated 'Resident of the Day' once a month and they were consulted by the management, housekeeping and maintenance staff about any ideas or suggestions they had regarding the service. A relative commented that, "They (the service) have a lot of meetings for families. Any issues and I would talk to the staff about my concerns."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and qualified nursing staff. The majority of people who spoke with us were able to tell us the name of the registered manager and were confident about raising any issues with them. People said, "The service is well run to a high standard" and "In the olden days they used to have matrons running things; it's like that here, things are done properly."

At our initial introduction with the registered manager, when we asked about the people who used the service, it became clear that the service looked after people living with dementia, sensory impairment, physical disabilities and other medical conditions. However, the service user bands for the service did not include dementia care. We discussed the need for the provider to update the service user bands on their registration. Within a week of our inspection an application to do this was submitted to CQC, which has now been processed.

Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. People and relatives told us what they thought was good about the service and one visitor said, "The location is in keeping with what my relative is used to. Everything appears to be accessible. Very friendly and staff have a smile on their faces. The room is quite cosy nice and bright. My relative has all they need."

Staff told us they felt well supported by the management team. Staff told us, "We can always talk to the manager if we have any queries about people's care. They are very supportive and helpful." Staff said, "We have team meetings a least once a month and there are registered nurse meetings in addition to these." We found an engaged, friendly and experienced staff team in place.

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in January 2018 and covered areas such as recruitment, complaints, staffing, safeguarding, health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We also saw that audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified. □

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.