

Highfields Care Home Limited

Highfields Care Home

Inspection report

Station Road
Edingley
Newark
Nottinghamshire
NG22 8BX

Date of inspection visit:
27 February 2019

Date of publication:
18 April 2019

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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:

Highfields Care Home is owned and managed by Highfields Care Home Limited. It is situated in the village of Edingley in Nottinghamshire and offers accommodation for up to 49 older people. On the day of our inspection there were 37 people using the service.

People's experience of using this service:

- People and relatives said Highfields Care Home provided safe, personalised care. A person said, "Nothing is too much trouble for the staff who look after me beautifully. Everything about this home is good."
- Staff knew each person well, including their likes and dislikes, their preferences, how they wanted to be supported. A relative said, "The carers put [person's] makeup and jewellery on, it's a little thing that means a lot."
- Staff continually interacted with people and relatives. They greeted each person and relative with a smile and ask them how they were. Their friendly and inclusive approach contributed to the welcoming atmosphere in the home.
- People felt they had a purpose at the home. For example, a person was responsible for feeding the birds and sweeping up leaves, as they had done when they were in their own home. Another person had befriended a less able person and enjoyed helping to support them.
- Staff encouraged people to be creative. The registered manager said there was evidence this could improve the quality of people's lives in their later years. An activities co-ordinator said, "Coming in to the home is the beginning of a new chapter for people and we want to look after their mind, body and soul."
- The home was spacious and accessible throughout to people with limited mobility. There were a range of communal areas including a quiet lounge where people and relatives could meet in private.
- The registered manager involved people when improvements were made to the home. For example, the home had a new sensory garden which was designed in conjunction with the people using the service to meet their needs.
- The registered manager was kind, caring and efficient. People and relatives spoke highly of her and said she was approachable and helpful. Staff said she gave them excellent support and guidance. A staff member said, "She is always there for all of us, residents, relatives and staff, and wants the home to be the best it can be."

Rating at last inspection: Good (report published 23 July 2016).`

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Highfields Care Home

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 team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

Service and service type:

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

Notice of inspection:

This inspection was unannounced and took place on 27 February 2019.

What we did:

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies.

During the inspection we spoke with eight people using this service and five relatives. We observed staff

interacting with people, providing care and activities. We also spoke with the registered manager, deputy manager, receptionist, a nurse, a senior care worker, a care worker, and an activities co-ordinator.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- People felt safe living at the home. A person said, "There is always a member of staff about when anyone comes into the home."
- A relative said staff asked them to sign in when they visited so they knew who was in the building at any one time.
- The provider had systems in place to protect people from abuse and avoidable harm.
- Staff were trained in safeguarding and knew what to do if they had concerns about people's safety.

Assessing risk, safety monitoring and management

- Staff assessed people to identify any areas where they might be at risk. Risk assessments were in place so staff knew how to minimise risks without taking away people's independence.
- People had aids and adaptations to help them stay safe. A relative said their family member had an adapted chair designed to help their posture. They said, "[Person] has been happier and safer in this chair because they cannot slide out and hurt themselves but are still comfortable." The person smiled to confirm they liked using the chair.
- Some people needed regular repositioning or checks to keep them safe and well. It was not always clear from care plans how frequently these actions should take place. The registered manager said she would review care plans and ensure instructions to staff were more specific.
- Each person had a personal emergency evacuation plan in place so staff and others such as the fire service would know how to help evacuate the person in an emergency. These were personalised. For example, one person's stated 'wheelchair required' and '[staff to] speak slowly and clearly explaining the reason for the evacuation'.
- The home was fitted with safety devices such as key-coded locks and window restrictors. Fire exits were clearly marked and free from clutter.
- Maintenance staff carried out regular checks of the home's equipment and premises to ensure they were safe for people and staff to use. They carried out repairs and improvements as necessary.

Staffing and recruitment

- The home was well-staffed and staff were quick to respond to people and provide them with care and support when they needed it.
- Staff told us they did have busy days at the home, when they had less time to talk with people, but they could always meet their needs.
- Staff worked as a team to meet people's needs. For example, the home's housekeepers were trained in dementia care and could step in to assist people where necessary.
- The registered manager used a dependency tool to calculate staffing levels and ensure they were flexible

and based on people's changing needs.

- Staff were safely recruited to ensure they were fit to work with people using care services. A care worker told us, "When I was recruited I couldn't start work until the home had two references for me and DBS (Disclosure and Barring Service) clearance.

Using medicines safely

- People received their medicines safely and on time. Medicines were stored securely, and medication administration records regularly checked for accuracy.
- Specific guidelines were in place for the administration of each person's medicines. This included information about what each medicine was used for and any possible side-effects.
- PRN (as required) medicines were only used when necessary. For example, one person became 'agitated' at times. Staff were told to use a range of strategies, including offering a sensory activity, and only offering PRN medicine as a last resort.
- Trained staff administered medicines. Regular competency checks and observations took place to ensure they continued to administer medicines safely.

Preventing and controlling infection

- The home was clean, tidy, and fresh. Staff were trained in infection control and understood their responsibilities to protect people from the spread of infection.
- People had individual 'infection prevention needs' care plans to reduce the risk of them catching or spreading and infection.
- The registered manager and staff knew how to respond to infections in the home. Their response included temporarily suspending visits, carrying out deep cleans of the premises, and increasing the amount of personal care provided.

Learning lessons when things go wrong

- The provider and registered manager checked and analysed incidents and accidents and used them as learning opportunities for the whole staff team to try and prevent any further occurrences.
- The registered manager made improvements to the home after incidents and accidents occurred. For example, after some falls in the lounge, the registered manager put a staff member on permanent duty in there. This led to a reduction in falls.

Is the service effective?

Our findings

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

Good: 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

- People were assessed before they came to the home to ensure their needs could be met.
- The registered manager carried out these assessments. She told us, "It's reassuring for families and it gives me the opportunity to get to know people before they come here."
- The registered manager considered protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- A person belonging to a particular religious group was admitted to the home. To ensure their religious needs were met, the registered manager consulted with their family and put private arrangements in place for the person during times of other religious celebration in the home.

Staff skills, knowledge and experience

- Staff received training, support and guidance so they had the knowledge and skills to provide people with effective care and support.
- Staff were encouraged to develop areas of interest. For example, nominated staff were doing extra courses on nutrition and continence so they could take a lead in these areas.
- If staff needed specialised training to meet people's individual needs, for example with regard to Parkinson's Disease or diabetes, this was provided.
- Since our last inspection visit the home's equality and diversity training had been enhanced to cover the rights of people from the LGBT communities.
- Staff had regular supervision sessions to discuss their practice and training. They said they could also approach the registered manager at any time if they needed extra support and guidance.

Supporting people to eat and drink enough with choice in a balanced diet

- People made many positive comments about the food served. One person said, "The food is delicious. It's as good as you'd get in a restaurant."
- Lunch was served during our visit. People chose whether they dined in the conservatory/dining room, the lounge, or in their bedrooms. One person and their relatives dined outside, alfresco, as it was an unusually warm and sunny day.
- Meals were well-presented and appetising. For example, one person had an individual quiche, a colourful salad, roasted cubed potatoes, with a small ceramic bowl of mayonnaise placed on the plate. If people needed assistance with their meals staff provided this discreetly.
- Staff assessed people's nutritional needs and swallowing ability and if necessary referred them to the SALT (speech and language therapy) team and/or dieticians for specialised support.

- If people were at nutritional risk staff weighed them regularly and monitored their food and fluid intake to ensure they were getting what they needed. A relative said, "I can always look in the folder, which is kept in [person's] bedroom, to see about their weight and what they've had to eat and drink."

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support.

- People had care plans for their nursing and healthcare needs which staff followed to help ensure they maintained good health.
- Care workers alerted nursing staff if people's healthcare needs changed. For example, a care worker explained how they immediately told the nurses when they saw changes to a person's skin.
- Staff referred people to external healthcare professionals where necessary. For example, one person had seen a GP, a physiotherapist, the falls team, and a dementia consultant since coming to the home.
- Staff encouraged people to remain healthy. For example, one person liked to sit in their own wheelchair during the day. Staff explained to them this could put their skin integrity at risk and prompted them to move to an easy chair with a pressure cushion in place.

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

- People's bedrooms were well-decorated, with colour coordinated bedding and curtains, and personalised with family photos and mementoes.
- The home had a range of reclining and adapted chairs to keep people comfortable and safe.
- Since our last inspection an enclosed outside space had been created for people and relatives to use. This was fenced off, although one of the fences was rather low and could present a falls hazard. We discussed this with the registered manager. Following our inspection visit, she sent us photos to show how a trellis had been erected to make the areas safer and more secure.
- Some redecoration was needed in corridors where paintwork was chipped and wallpaper damaged. The registered manager was aware of this and said it would be addressed as part of the part of the home's premises improvement plan.

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

- Staff knew how to support people in making decisions and support them to make choices about their care and lifestyle. The home took the required action to protect people's rights and ensure people received the care and support they needed.
- Staff were trained in Mental Capacity Act 2005 and the registered manager made applications to the local authority for Deprivation of Liberty Assessments where appropriate. This told us people's rights were being protected.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People and relatives made many positive comments about the staff. A person said, "The carers are very good with me." A relative said, "It is homely here and everybody matters [to the staff] and nothing is too much trouble."
- The staff were caring and kind and understood what was important to people. For example, one person ran out of their favourite drink so a care worker went out in their lunch hour to buy some more for them.
- A relative told us staff did their utmost to keep couples together, regardless of the differences in their needs. They said, "I like the point that [person and person] are together, in another home they would have been separated."
- Relatives told us that they could visit at any time and were always offered refreshments. The home had a tea/coffee/hot chocolate machine for people and visitors to use which was popular with all.

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

- Staff encouraged people to express their views and make decisions about their routines and lifestyles. For example, people chose their own bedtimes and getting up times.
- Records showed relatives were also involved in people's care. Staff completed a 'discussions with significant others' form to show this when they spoke with them in person or telephoned them about their family member's care.
- The home's 'resident of the day' initiative ensured that once a month each person was visited by the chef, housekeeper, a nurse or senior care worker, maintenance staff member, and the registered manager or deputy. This gave them the opportunity to express their views on all areas of the home and request changes or improvements where necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's privacy and dignity. One person told us, "The staff are very respectful and they don't talk about other people in front of us."
- Staff encouraged people to be as independent as possible. For example, people who wanted to make hot drinks in their rooms and were safe to do so were provided with the equipment they needed.
- Staff were trained in equality and diversity and were respectful of people's cultural backgrounds and beliefs.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

Staff team were responsive to people's needs. A relative said, "I am very satisfied with the care the staff give [person]."

- People had personalised care plans to ensure their individual needs were met. For example, one person's stated, '[Person] has no specific time to go to bed'. This meant staff could ask them when they were ready to retire rather than expecting them to go to bed at a particular time.
- Care plans gave staff detailed guidance so they knew each person's individual likes and dislikes and how best to communicate with them. For example, one person was living with memory loss so staff made a point of introducing themselves to the person each day and telling them they would be supporting them.
- Staff were knowledgeable about how people communicated. For example, a care worker told us that a person like to sing, but if they sang loudly this mean they were feeling distressed and needed support and reassurance.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.
- The home employed two activities co-ordinators for a total of 60 hours per week including weekends.
- Staff encouraged people to be creative. The registered manager said there was evidence this could improve the quality of people's lives in their later years.
- We saw one of the activities co-ordinators providing 'butterfly time'. This meant they flitted amongst people catching up with them, providing hand massages, and discussing the news and a magazine.
- The home had piloted a 'magic moments' computer application. This meant people, relatives and staff could securely share photos and stories of activities in the home. The home's weekly and monthly activities timetable was featured on the application so people and relatives knew what was taking place at the home.
- People had recently enjoyed a 'whodunnit' at the home acted out by the staff and enjoyed by people, relatives and other visitors. People told us they had had great fun at this event.
- The home had a 'wishing well' project where people could wish for something, big or small, and staff would try to make their wish come true. For example, one person, who was being cared for in bed, asked to see a horse again. The activities co-ordinator arranged for a therapy pony to visit the person in their bedroom and the person was delighted that their wish had come true.

Improving care quality in response to complaints or concerns

- People and their relatives said they would talk to a senior staff member if they had a complaint.
- The provider's complaints policy was displayed in the home so people knew how to make a formal complaint if they wanted to.

- The registered manager said she told people and relatives to speak up if something was wrong. She said, "I tell people that that we do get things wrong and it that happens come and tell us and we can put it right."
- Complaints were logged and records showed the registered manager used them to improve the quality of care at the home.

End of life care and support

- The registered manager and staff gave people the opportunity to discuss their end-of-life wishes and these were recorded in their care plans.
- Staff were trained in end-of-life care and understood the stages people went through when they were reaching the end of their lives.
- A double room was being transformed into a 'companion room' with a sofa bed so relatives could stay with their family members when they were receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives told us they were happy with the home. A person said, "This is a beautiful place. The (registered) manager and staff are lovely people and they attend to my every need."
- Staff understood their duty to provide high-quality, personalised care based on their training and the provider's and registered manager's vision and values.
- The registered manager promoted transparency and honesty. Relatives knew who the registered manager was and said they could approach her with any issues and they would be listened to.
- All the staff, from the housekeepers to the registered manager, knew people's names and what they interested them. A relative said, "The cleaners do a fantastic job and they bother to get to know all the residents' names."
- Staff enjoyed working at the home. A care worker said, "It's a home from home. We're like a family. Some of the residents are like grandparents to me."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities and felt well-supported. A staff member said, "The (registered) manager is fantastic. She is always there for us, finds time for us, and appreciates us."
- Effective systems were in place to monitor the quality of the care provided. The provider and registered manager carried out quality checks across all areas of the service.
- The registered manager understood her legal duties and sent notifications to CQC as required.

Engaging and involving people using the service, the public and staff

- People and relatives were involved in how the home was run. They were invited to share their views at one-to-ones, care reviews, and meetings.
- The provider sent out annual questionnaires to people, relatives and staff to gather their feedback on the home. Records showed the results of these questionnaires were analysed and action taken, where necessary, to make improvements.
- The registered manager involved people at management level in developing areas of the home. For example, she took a person with her to a meeting with Arts Council England to discuss future joint-working options.

Continuous learning and improving care

- Managers and staff attended meetings and training events where good practice was discussed and shared. Staff were supported to increase their skills and knowledge through completing National Vocational Qualifications and other training course.
- The registered manager and staff were committed to ongoing improvement at the home. They worked to action plans which identified where improvements were needed and who was responsible for ensuring they were carried out.

Working in partnership with others

- The home worked in partnership with health and social care professionals from other agencies to ensure people's needs were met and they had the care, support and services they were entitled to.
- People, relative and staff took part in fund raising events for local and national charities
- The home was part of the local community. Regular church services were held at the home and pre-school children visited with their teachers.
- Events at home were open to members of the wider community. For example, a recent talk by a member of a Parkinson's UK and a forthcoming talk by a solicitor about LPA (lasting power of attorney) and wills.