

Ark Care Services Limited

Highermead Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 15 January 2018. The last inspection took place on 12 July 2017 when the service was not meeting the legal requirements. The service was rated as Requires Improvement at that time. Following this inspection the service sent in an action plan stating what action would be taken to address the breaches of the regulations. We had concerns that people's rights were not always protected as the principles of the Mental Capacity Act were not always followed. We carried out this inspection to check on the action taken by the provider.

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. Highermead is a care home which offers care and support for up to 22 predominantly older people. At the time of the inspection there were nine people living at the service. Some of these people were living with dementia.

A registered manager is a person who has registered with the Care Quality Commission 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. At the time of this, and the last inspection, there was no registered manager in post. A new manager had been in post since August 2017 and had already made a number of positive changes at the service. This manager was in the process of applying to CQC to become the registered manager.

There were systems in place for the management and administration of medicines. People were receiving their medicines as prescribed. Regular medicines audits were being carried out by the manager and these were effectively identifying if any errors had occurred. Missed signatures on Medicine Administration Records had reduced since such audits had been in place. A recent audit had identified an error in the records held of medicines that required stricter controls. This was in the process of being investigated with the district nursing team. Some medicines had not been dated upon opening and this had led to them being used after they should have been disposed of.

At the last inspection we were concerned that applications to the supervisory body for authorisation under the deprivation of liberty safeguards (DoLS) had been made in the absence of a best interest process. This meant we could not be assured that the restrictions set out in these documents were the least restrictive available. At this inspection such concerns remained. We continued to see examples where relatives had signed documents to consent to elements of people's care and treatment without the legal authority to do so. The records held at the service relating to appointed powers of attorney were not correct. The registered provider was not ensuring that people's rights were always protected. Capacity assessments should be carried out for specific questions each time. The registered provider had recently carried out assessments for people to address multiple questions at the same time. Where people were considered to lack capacity, we saw no evidence of best interest processes to ensure that decisions taken on their behalf were the least restrictive available, or in the person's best interests. This is a repeated breach of the regulations.

The premises were in need of some refurbishment. We had raised concerns about the badly stained carpeting in the ground floor at previous inspections. We had received assurances from the registered provider that this would be addressed. At this inspection the carpet remained badly stained. At the last inspection we found some COSHH (care of substances hazardous to health) items such as disinfectant were left in an unlocked bathroom and an unlocked sluice. We again found such substances were left in a bathroom and although there was a lock on the sluice it remained unlocked throughout this inspection.

Most staff had received appropriate training and updates. However, two staff, who carried out medicines administration, had competency checks on their files but had not had any formal training updates for some years. We were advised by the manager this would be addressed immediately. At our last inspection we identified that new staff, who had not worked in the role before, were not undertaking the Care Certificate, or a suitable alternative. At this inspection we found that whilst new staff were provided with an induction, the Care Certificate was not being used to support staff new to the role. The Care Certificate is a national set of standards for people who work in the care sector.

The service was now displaying the most recent inspection rating.

People's end of life care plans now contained details of the person's wishes if the person had been happy to express and discuss such matters. Where some people had declined to discuss their wishes this was clearly recorded.

The new manager was carrying out regular audits in a number of areas, addressing concerns and making improvements to the service. A recent survey of the views and experiences of people living at the service and their relatives had received positive responses with 100% of people stating they would recommend other people to live at Highermead.

The service was registered for dementia care and there was pictorial signage to support some people, who may require additional support with recognising their surroundings. Bedroom doors were decorated to help people recognise their own room. Toilets and bathrooms were clearly marked. This helped people to be as independent as possible.

Equipment and services used at Highermead were regularly checked by competent people to ensure they were safe to use.

We walked around the service which was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes. People were treated with kindness, compassion and respect.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Staff were supported by a system of induction training, supervision and appraisals.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

The service had identified the minimum numbers of staff required to meet people's needs and these were

being met. The service had one staff vacancy at the time of this inspection and was using agency staff to cover this. Staffing numbers had been reduced recently to two care staff supported by a senior on each shift. There were four people living at the service who required very regular care and support from two staff, along with another person who needed close monitoring by staff due to their behaviour which sometimes challenged staff. This meant that it often left only one member of staff available for other people and to administer medicines. Staff told us they found this stressful and pressured at times.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff.

New staff were recruited safely with the service taking appropriate steps to ensure they were staff to work with vulnerable people.

People had access to some activities. However, these activities were not person centred and did not happen every day. An activity co-ordinator was not in post and staff told us they did not have time to provide activities as often as they would like to. A nail bar had been created but was not used. A hair salon had been planned but not completed.

On the day of this inspection we saw many caring and kind interactions from staff. People and their relatives were positive about the care and support provided at Highermead. Healthcare professionals were positive about the care provided by staff at the service and commented that they followed any guidance given.

The manager was supported a team of motivated staff. There were shift leaders who supported care staff on each shift. The manager was also accessing support from other registered managers in the local area. The provider visited the service regularly.

We found repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. This is the third time this service has been rated overall Requires Improvement.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not entirely safe. Medicines were not always recorded correctly. Some medicine guidance was not signed appropriately.

Potentially hazardous substances and areas of the home were not always secure.

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. However, staff reported feeling stressed and under pressure as when meeting the needs of people who needed two staff for all care and support, as it left only one member of staff to meet other people's needs and to administer medicines.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. The registered provider did not have a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Records relating to power of attorney held by people were not accurate. Consents were signed by people without the legal power to do this.

Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not entirely well-led. The registered provider had not ensured that the action plan sent to CQC following the last inspection had been carried out. Repeat concerns identified at this inspection had not been addressed by the registered provider.

Quality assurance systems were in place, with the manager identifying areas for improvement of the service. The registered provider had been advised of what needed to be done.

People were asked for their views on the service.

Staff were supported by the manager.

Highermead Care 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.

The inspection took place on 15 January 2018. The inspection was carried out by two adult social care inspectors, one specialist advisor (SPA) and an expert by experience. A SPA is a person who has professional knowledge and experience of the care of older people, and an expert by experience is a person who has experience of, or has cared for a person who uses services such as Highermead.

Before the inspection we reviewed the action plan sent by the provider to CQC. We reviewed past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the service. Not everyone we met who was living at Highermead was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with four staff and the manager. We spoke with two visitors, three relatives and one external healthcare professional.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care documentation for four people living at Highermead, medicines records for nine people, staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

The service held an appropriate medicines management policy although this had been removed by the registered provider for review. This was sent by email from the provider on the day of this inspection. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were not signed and had not been witnessed by a second member of staff. This meant that the risk of potential errors was not reduced and did not ensure people always received their medicines safely. The medicine policy held at the service did not provide guidance for staff on handwritten entries on to the MAR charts.

The coding system used by the staff on MAR charts when medicines were refused or not required, did not follow the coding system printed on the MAR charts supplied by the pharmacy. The registered provider had a preferred system which linked to the medicine policy. It was stated clearly on the wall that these are the 'agreed codes to be used within the care home and supersedes any others on the pre-printed MAR sheets.' We were unable to establish any reference to these preferred codes within the medicine policy held by the service. Whilst the codes were displayed in the medicine room this could lead to confusion when new or agency staff were carrying out medicines administration as they may use the generally used printed codes on the MAR sheet. This system of using preferred codes was not being monitored through the audit process to ensure they were always being used.

Highermead was storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured. However, in the medicine refrigerator we found two sets of eye drops dated October 2017 which were in use. They had not been dated when opened and therefore it was not clear when they should have been disposed of. Such items have a shelf life of 28 days once opened. These were removed at the time of this inspection. The service medicine policy stated, "Ensure that the eye drops are not out-of-date. Eye drops should not be used 4 weeks or more after first opening as they are no longer sterile. When using eye drops for the first time, or opening a new bottle, you must write the date of opening onto the bottle." There were no records of the medicine room temperature in which all other stocks of medicines were stored. The service was not following its own medicine policy.

The service was holding medicines that required stricter controls. The records did not tally with the stock held at the service. This had been identified by the manager at the last audit. This was in the process of being investigated with the district nursing team who had administered these medicines at the service over Christmas. The care staff who provided access to these medicines for the nurses to administer had not recorded the administration.

Some people had been prescribed creams and these had not always been dated upon opening. This meant staff were not always aware of when the cream would no longer be safe to use.

An external audit carried out in April 2017 had recommended that all staff who administer medicines have regular formal training updates. Whilst competency checks had taken place, formal update training had not taken place at the time of this inspection, as two senior staff had not had had medicine update training for several years.

Some people required medicines to be given occasionally (PRN). Whilst these records clearly showed instructions for staff on when to give such medicines, these records were not dated or signed. This meant it was not clear who had provided the guidance and when it may need to be reviewed.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had ordering, storage and disposal arrangements for medicines. Regular internal and external audits helped ensure the medicines management were constantly improved. Records of people's medicines travelled with them when they went to hospital.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective.

Staff training records showed all staff who supported people with medicines had received appropriate training. However, some senior staff, including the manager, had completed competency checks but not had any formal training refreshers for several years. We were assured this would be immediately addressed.

A nail was found sticking out of a wall in a corridor at around head height. This could pose a risk of injury to people should they fall against it. A landing window on a stair case was unrestricted in its opening and opened wide enough to allow a person to climb through, and then fall on to the car park below. This window was above a deep low window cill, which could easily be stepped up on to from the stairs, allowing easy access to the open window. This posed a risk of injury to people.

Curtains in the lounge were hanging off the tracking. Damage to door frames was noted. Flooring was being taped down where it had become damaged in places, this could pose a trip hazard.

A fire door to a person's bedroom was propped open by furniture and would not close in the event of the fire alarm sounding. This door did not have a door guard on it to hold it open safely then allow closure when the fire alarm was activated. This put the person using this room at risk.

This contributed to the breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced by external contractors to ensure they were always safe to use.

People told us, "It's the staff presence that makes me feel safe," "There's always somebody about if I need help," "I don't have to wait long when I use my call bell," "I feel safe because all the staff are so informative

and pleasant" and "There's always enough staff around to help."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults, and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have.

People were asked for their views about if they felt safe at the service informally in conversations with the manager and staff. If people were involved in safeguarding enquires or investigations they were offered an advocate if appropriate or required.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity, and some staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service. The menu was in the process of being transferred to a pictorial version to support people to make decisions about their meal choices.

The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was felt to be appropriate. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions taken to help reduce risk in the future. For example, the treating of any infections that may increase people's risk of falling, and providing aids to assist people to move around more safely.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan gave clear guidance for staff about one person who could become challenging, and how staff should support them to

de-escalate the situation.

Care records were stored securely but accessible to staff and visiting professionals when required. They were mostly accurate, complete, legible and contained details of people's current needs and wishes. Some records relating to people's LPA's and consents were not accurate.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment appeared clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and the provider was the lead who monitored infection control audits. The manager understood who they needed to contact if they needed advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed most staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The registered manager reviewed people's needs regularly and used this information to complete a dependency tool. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. However, some staff told us that due to four people requiring two staff regularly for all care and support and another person occasionally requiring close supervision, it was placing pressure and stress on the one remaining member of staff to meet other people's needs and administer medicines.

We saw from the staff rota there were two care staff working supported by a senior carer on each shift. There were two staff who worked at night. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the new manager was very supportive.

The manager was open and transparent and always available for staff, people, relatives, staff and healthcare professionals to approach them at any time. The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns the manager would listen and take appropriate action.

Is the service effective?

Our findings

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. The service held an appropriate MCA policy but not all staff had been provided with training in this legislation.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied for most people to have authorised restricted care plans. The manager was not aware of any authorisations which were in place at the time of this inspection.

At the last inspection we found capacity assessments in people's files were either out of date, blank or no longer relevant. Where DoLS applications had been submitted to the local authority, there had been no capacity assessments or best interests meetings held. In the absence of the best interests process it was not possible to assess whether the person's care was the least restrictive option available, or if it was in their best interests. People's consent had not been appropriately recorded within their care plans. We saw examples of where friends or relatives, without a Lasting Power of Attorney (LPA) for welfare had signed to say they consented to elements of a person's care. Nobody can consent to an adult's care without a LPA for welfare being in place. This had been highlighted to the provider at the previous inspection in February 2017 and July 2017 who assured us this would be addressed and care records and practices would be amended. We issued the service with a requirement notice in this regard. The provider sent us an action plan stating, "All capacity assessments being reviewed at present with new documentation so that service users appropriate consent for care and treatment is documented and respected."

At this inspection we found the registered provider had reviewed all capacity assessments for people living at the service. Mental capacity assessments should be decision specific. Each assessment, carried out by the registered provider, was for several decisions at the same time, such as consenting to care, medicines being administered, information sharing and applying for a deprivation of liberty authorisation. This is not in line with the Code of Practice of the Mental Capacity Act 2005. This meant the capacity assessments were not decision specific and had not been carried out effectively. DoLS applications had been made for everyone at the service at one stage, according to the manager. This was not appropriate as some people did not meet the criteria for this to happen. There were no best interest meetings held before the decision to make a DoLS application for people. In the absence of the best interest process we again could not assess whether the person's care was the least restrictive option, or in their best interests. Consents continued to be signed by people with no legal authority to do this. The records held at the service regarding LPA's held by people, were not accurate. Some people were recorded as having LPA for welfare when they did not. One family

member was recorded as having LPA when they were an appointee. This meant people were being given powers by the service that they did not legally hold. One relative, whom the service had recorded as having LPA for welfare, had typed an advance decision to refuse care and treatment on behalf of their family member, when they only held LPA for financial affairs. This meant that people's rights were not protected. The registered provider has failed to address this concern for the past two inspections.

The front door was locked with a coded lock. People, including visitors, family and healthcare professionals were required to ask to leave the premises. The code was not displayed. This did not ensure the independence of people living at the service who were able to go outside alone as they chose.

The use of technology to support the effective delivery of care and support and promote independence, was limited. Pressure mats were used in everyone's bedrooms to alert staff when people were moving around. It was not clear how this decision had been made for each individual, in the absence of any best interest process documentation. We discussed this with the manager and they agreed that everyone would be reviewed in this regard to ensure it was appropriate and in each person's best interests.

This is a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Corridor carpeting had been identified at previous inspections as requiring replacement due to heavy staining. The carpet was unsightly and gave a poor impression of the service. Despite repeated assurances from the registered provider that the carpet would be replaced, this had not been done.

The oven in the kitchen of the service had broken over the weekend prior to this inspection and was not in use. The provider assured the staff it would be repaired immediately. We contacted the service after the inspection to be told someone would be calling to repair the oven on the following Thursday. The cook told us they were unable to prepare many of the meals planned and was having to depend on the hob and a microwave to produce all meals for people for over five days. This was impacting on the food provided for people living at the service.

This contributed to the repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. At the last inspection we identified that staff new to the role were not undertaking the Care Certificate and the provider assured us this would be addressed. At this inspection we found new staff, who did not have any experience of the role, were still not undertaking the Care Certificate. One new member of staff had completed a short care framework course, although it was not clear how detailed this was.

We recommend the service take steps to provide the Care Certificate training for all new staff who are new to the role.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "I love it here, it is good, we get lots of support and training" and "I have asked to do a course and am starting it soon."

Training was provided to staff in mandatory subjects such as moving and handling, infection control and

safeguarding adults. However, two senior staff who administered medicines had not formally updated their medicine training for some years. Not all staff had attended training on the Mental Capacity Act. We were assured this was planned for the near future.

We recommend the service takes steps to ensure that staff are provided with necessary training updates regularly to ensure they are aware of best practice.

One person had recovered their health and their ability to make decisions for themselves and this was clearly reflected in their care plan. The capacity assessment had been reviewed and the application for a DoLS for this person had been cancelled by the new manager.

People were asked for their consent by staff throughout the day when care and support was offered. Staff asked people for their consent before providing clothing protectors at mealtimes, and when asking what channel was showing on the TV.

People were supported to have maximum choice and control of their day to day lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and when they ate and how they spent their time.

Staff had been provided with supervision by the new manager since they had been in post. Staff told us they felt the new manager was very approachable and always available to provide guidance and support. There was no record of annual appraisals being provided to staff in the files we reviewed. Meetings had been held with staff to ensure they felt able to communicate their views and experiences. The staff told us they were provided with opportunities to be involved in the development of the service and the care and support of people living at the service.

People's need and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. Some staff had received training in relation to the Equality Act.

People told us, "All the meals are quite nice," "There's always enough on the plate and you can always have seconds," "There's no complaints about the food " and "The kitchen staff know exactly what I like."

In care files we saw there was specific guidance provided for staff. For example, one person who was poorly sighted was provided with a red bowl on a white mat to help them to see their meals. Another person was cared for in bed with crash mattresses placed either side of their low bed to protect them should they fall out. They had been assessed as not safe to have bed rails fitted to their bed to stop them falling out as it had been identified they were at risk of becoming trapped in the rails.

Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. Residents meetings had not yet been set up by the new manager but were planned. However, the manager and the staff spoke regularly to people and their families about their views and experiences of the service.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting people in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

The manager had regular contact with GP's and district nursing teams. District nurses were visiting the service daily to see some people with nursing needs. Other healthcare professionals visited to see people living at Highermead as required. We saw people had seen their optician and podiatrist as necessary.

Some people living at Highermead were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was good pictorial signage which clearly identified specific rooms such as toilets and shower rooms. People's bedroom doors displayed a variety of large murals and photographs. This made it easy for people with poor sight and helped people with dementia to find and recognise their own room independently.

Is the service caring?

Our findings

People and their relatives were positive about the attitudes of the staff and manager. People were treated with kindness, respect and compassion. People told us, "I get on very well with all the staff," "I always have a laugh and a joke with the girls (staff)," "All the care the staff and the Manager gives to me is lovely " and "The staff do everything for us, we have no worries." One relative commented, "The staff are brilliant."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Highermead. Relatives and healthcare professionals told us staff and management were kind and caring. One person became anxious, in the corridor, and asked staff to help them. This was done quickly with no fuss and lots of patience. There was a cat living at the service which belonged to one person. This person did not want to leave the cat to go to have their lunch in the dining room, staff assured the person they would ensure the cat was alright and feed it for them. This calmed the person.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However due to people's capacity involvement this was often limited, and consultation could only occur with people's representatives such as their relatives.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff were heard to say, "Is there anything I can get for you" and "Are you sure you are warm enough, would you like a blanket?"

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This meant staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was good. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People appeared well cared for. Some women wore jewellery and make up and had their nails painted.

Families told us they knew about their care plans and the manager would invite them to attend any care plan review meeting if they wished. However, people or their representatives had not signed any care plans to show they agreed with their content.

Is the service responsive?

Our findings

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. The mattresses we checked were set correctly for the weight of the person using it. Healthcare professionals told us, "We have no concerns about the care provided here, they (staff) are very good at following guidance we give them. We do not have any concerns about people developing pressure damage. It is a nice home."

People who remained in their rooms, either due to their choice or their healthcare needs, were regularly monitored by care staff. The records in people's rooms were completed at specific intervals agreed by the manager. This was clearly recorded on the charts. There were some gaps in these records but we judged this was a recording error and that people were receiving the care and support they required.

The guidance in care plans was person centred and detailed. The information provided clear guidance and direction for staff to meet people's needs.

People and their relatives were very positive about living at Highermead and the staff and manager. As there were only nine people living at the service at the time of this inspection. People had good regular opportunities to speak with the manager and staff about any issues they may wish to raise.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The manager was knowledgeable about people's needs. Each person had a care plan that was mostly tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to ensure they were recognising any changes in people's needs.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. Handover information was recorded in the diary. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

At the last inspection we made a recommendation that people have access to person centred and meaningful activities. At this inspection we found people had access to some activities but these were not always person centred and meaningful to people. An activities co-ordinator was not employed but staff provided some activities. A nail bar had been created but was not being used. A hair salon had been planned however, the room had not been converted and there was no equipment present at the time of this inspection. There was limited activity advertised. Photographs were displayed showing people enjoying their birthday and Christmas celebrations. Staff told us they do not always have the time to provide activities each day. One member of staff told us, "It is hard to do nail care when there is only two care staff on duty." On the day of this inspection there were no activities available. External entertainers and pat dogs visited the service occasionally. The recommendation from the last inspection had not been acted upon as activities provided were not person centred or relevant to most people. The manager contacted us the day after the inspection visit to tell us that it had been agreed that staff would provide some activity every day after lunch. This would be planned and scheduled on a white board in the service for people to see.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. There were no records of any one to one activities provided for people in their rooms.

People told us, "There's not much to do, but I do prefer my own company so it doesn't bother me too much," "It's my birthday today so they are going to make me a cake," "I'm quite happy just listening to my music" and "I like to sit in my room and watch the nature programmes, you can learn a lot from them."

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for the next days meals. Staff were seen sitting with people going through the menu to help people to make a choice. Part of the menu had been designed in a pictorial format to help people to make choices for themselves.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Relatives were able to join their family members for meals if they wished. Relatives comments included, "I think it is so homely here," "Mum is very happy here" and "Can't fault the care, the staff seem perfectly fine."

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We saw concerns that had been raised to the manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The manager said there were good links with the district nursing service to ensure people received suitable medical care during this period of their lives.

Is the service well-led?

Our findings

Following the last inspection the registered provider sent us an action plan stating what action they would take to address the breaches of the regulations found. At this inspection we found the action plan had not always been effectively implemented and repeated concerns were identified. Whilst some breaches of the regulations had been met at this inspection, repeated breaches remained.

At the last inspection we identified concerns in the application of the Mental Capacity Act 2008 at Highermead. The registered provider had not followed the guidance in the Mental Capacity Act 2008 Code of Practice when carrying out assessments. There was no best interest process followed before restrictions were applied such as DoLS applications. Consents in people's care plans were signed by people who did not have the legal power to do this. Despite assurances from the registered provider that such concerns would be addressed we found the same concerns remained at this inspection. Consent continued to be provided and accepted from relatives with no legal powers to do this. DoLS application had been made and pressure mats had been put in place in most people's rooms without following the best interest process. Records relating to LPA's held by people were inaccurate. This has led to a repeated breach of the regulations.

At the last inspection we were concerned about the processes and procedures used when people required their medicines to be given covertly. This means hidden in food or drink. At this inspection whilst there was no one having their medicines given in this way, we identified other concerns with the medicine administration records. The service was not following its own medicine policy. This has led to a repeated breach of the regulations.

A recommendation made at the last inspection about people being provided with relevant and person centred activities had not been acted upon. Very few activities were being provided that were meaningful to people.

Improvements to the environment which were identified as required at the past two inspections and we were assured would be addressed, had not been. For example, the badly stained carpets in the corridor seen at our previous inspection had not been replaced as we were assured they would be by the provider. At this inspection we found torn flooring, which was taped down, which posed a trip hazard to people. Nails sticking out of a wall at around head height, also posed an injury risk to people. We saw an un-restricted window opening wide off a staircase landing. There were no safety measures in place to prevent a person climbing through and possibly falling down to the car park one floor below. These issues had been identified by the manager and reported, but not been addressed by the registered provider.

This is a repeated breach of regulation 17 of the Health and Social Care Act 2004 (Regulated Activities) 2014.

At the last inspection we were concerned that there was limited auditing of the service being carried out. This meant areas for improvement were not being identified and addressed. At this inspection we found the new manager was carrying out regular audits in a number of areas, addressing concerns and making improvements to the service. Audits were being carried out on care plans, infection control, fire safety,

accidents and incidents and medicines.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. The service did not have a registered manager in post. The new manager was in the process of applying to be the registered manager.

The manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and be accessible to them.

Staff met regularly with the manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed. The manager said they thought staff had a clear understanding of their roles and responsibilities.

The manager was supported by senior carers and a team of motivated and happy care staff. The manager regularly reported to the provider. Staff told us they felt well supported by the manager through supervision and regular staff meetings. Staff told us things were improving and they were happy. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

People, relatives, staff and healthcare professionals told us the manager was approachable and friendly. Comments included, "The manager is brilliant you can talk to her about anything and they will sort it out straight away" "(The manager) Is very approachable and open" and "We say treat as you would wish to be treated at this age, we all do our best, give people time, have a chat with them." One relative told us, "I would give the manager 10 out of 10."

A recent survey of the views and experiences of people living at the service and their relatives had received positive responses with 100% of people stating they would recommend other people to live at Highermead. People were very satisfied with their lounge areas, bathrooms, cleanliness levels and the care they received.

The provider visited the service regularly. The manager told us they were beginning to make changes to the service since they commenced their post in August 2017. We noted a great deal of changes that had been implemented by the manager, such as the care plan review and risk assessment process, audits carried out to identify where improvements were needed and staff support.

The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the next day by the manager.

Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The manager accepted that the concerns found at this inspection were a fair judgement of the service at this time. They recognised they were in a period of transition with medicines management and the MCA legislation and that further work would take place in the near future to ensure all concerns were addressed.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements.

There was no maintenance person with responsibility for the regular maintenance and auditing of the premises. Tradespeople were commissioned as required. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean. People's rooms and bathrooms were kept clean.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not acted on feedback on the services provided for the purpose of continually evaluating and improving the service. The action plan provided to CQC had not been fully implemented. The provider did not always hold an accurate record of all decisions taken in relation to care and treatment, this includes consent records and advance decisions.</p>