

Mrs Susan Burns and Mrs Marion Burns

Highfield House Residential Home

Inspection report

17 Sycamore Terrace
Haswell
County Durham
DH6 2AG
Tel: 0191 5261450
Website: www.highfieldcarehome.co.uk

Date of inspection visit: 14, 19 and 27 January 2016
Date of publication: 14/04/2016

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 14, 19 and 27 January 2016 and was unannounced. This meant the staff and the registered provider did not know we would be visiting. On 15 and 16 December 2014 we completed an inspection at Highfield House Residential Home and informed the registered provider they were in breach of a number of

regulations including medicines, consent to care and treatment and monitoring the quality of the service and required improvements to make the service safe, effective and well-led.

We completed a focused inspection at Highfield House Residential Home on 29 June 2015 following concerns raised by a healthcare professional from the clinical commissioning group's infection prevention and control

Summary of findings

team about the infection control arrangements within the service and the lack of progress made towards complying with an action plan from an audit undertaken by them in April 2015. We found that action had been taken to improve the arrangements in place for infection control and whilst we also found evidence to support improvements had been made to address some of the breaches identified in December 2014, we did not improve the rating for the service because to do so required consistent good practice over time.

Whilst completing this visit we reviewed the action the registered provider had taken to address the above breaches. We found that whilst the registered provider had ensured some improvements had been made in the area of consent to care and treatment, the service was still in breach of a number of regulations including medicines, premises and equipment, staffing and monitoring the quality of the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. Improvements were needed in many areas where the registered provider was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Highfield House Residential Home is registered with the Care Quality Commission (CQC) to provide personal care and accommodation for up to 25 people. The home is a detached, two storey, converted country house set in its own grounds in a quiet residential area of Haswell, County Durham. On the first day of our inspection there were 12 people using the service, although this varied slightly during the inspection. The home comprised of 20 bedrooms on the ground floor and 5 bedrooms on the first floor. 10 bedrooms were en-suite. We saw that the accommodation included two lounges, a dining room, two bathrooms, a shower room, several communal toilets, a conservatory and an enclosed garden.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there was no clear leadership or accountability within the service and the governance systems were ineffective.

People who used the service and their relatives were complimentary about the standard of care at Highfield House Residential Home. Everyone we spoke with told us they were happy with the care they were receiving and described staff as very kind and caring.

We found that care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

People were not protected against the risks associated with the unsafe use and management of medicines. Staff did not follow the registered provider's medicines policy and their competency to administer medicine was not routinely assessed.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had a recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff training records were not up to date and staff did not always receive an annual appraisal.

There were appropriate security measures in place to ensure the safety of the people who used the service and the registered provider had procedures in place for managing the maintenance of the premises.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia type conditions.

The service was working within the principles of the Mental Capacity Act 2005. We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Care records contained evidence of consent.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

Summary of findings

The home had a programme of activities in place for people who used the service.

Care records did not always show people's needs had been assessed. Care plans and risk assessments were not always in place when required. Care plans were not always written in a person centred way and reviews were repetitive.

The provider had a complaints policy and procedure in place.

The quality assurance systems in place were not sufficiently effective to assess, monitor and drive improvement in the quality and the safety of the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

People were not protected against the risks associated with the unsafe use and management of medicines.

The reporting and recording of accidents and incidents was inconsistent and trend analysis was incomplete.

People may not be protected from the risks of abuse as we could find no evidence to demonstrate that staff had completed training in the safeguarding of vulnerable adults.

People were not protected against the risks associated with fire.

Inadequate



Is the service effective?

The service was not always effective.

Staff were not properly supported to provide care to people who used the service. Mandatory training was not up to date and staff had not received an annual appraisal in 2015.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia type conditions.

People had lost weight and the service had failed to take appropriate action.

Requires improvement



Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good



Is the service responsive?

The service was not always responsive.

Care records were not always reflective of people's needs. Personal information about each person's care and treatment was kept in a variety of places and did not provide a contemporaneous record. Care plans were not always in place or detailed enough to ensure people received safe and appropriate care.

Requires improvement



Summary of findings

The home had a programme of activities in place for people who used the service.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

The service was not well-led.

We found there was no clear leadership or accountability within the service.

The quality assurance systems in place were not sufficiently effective to assess, monitor and drive improvement in the quality and the safety of the service provided.

The registered provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions however the registered manager did not always ensure staff were applying the principles in practice.

People's care records were not kept securely.

Inadequate



Highfield House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 14, 19 and 27 January 2016 and was unannounced. This meant the staff and the registered provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors, an inspection manager, a specialist adviser in nursing and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for

example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. Concerns had been raised by commissioners following the outcome of their Quality Banding Assessment in September 2015.

During our inspection we spoke with five people who used the service and one relative. We looked at the personal care or treatment records of twelve people who used the service and observed how people were being cared for.

We spoke with the registered manager, the two registered providers, three care staff, the domestic/activities co-ordinator and the cook. We reviewed staff training and looked at records relating to the management of the service such as audits, policies and risk assessments.

We spoke with the registered manager and the registered providers about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home. A relative told us, “Yes, it is safe here. Staff are pleasant and helpful. Mum is much better since she came here. She is well looked after.”

At our inspection on 15 and 16 December 2014 we identified concerns that the provider had not taken proper steps to ensure people were protected against unsafe medicines practice. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had failed to achieve compliance with this regulation. We checked to see if people’s medicines were safely administered and we looked at the registered provider’s management of medicines policy dated 18 December 2014. The policy covered all key aspects of medicines management however there was no evidence that staff had read and understood the policy or were applying its principles in practice. We looked at people’s medicines administration charts (MAR) and found the arrangements in place did not ensure that people’s medicines were managed and administered safely.

We observed two people were in receipt of ‘homely remedies’. The registered provider’s medicine policy detailed the procedure for the use of ‘homely remedies’. We found there were no records kept of the purchase, administration and disposal of the remedies. We discussed this with the registered manager who acknowledged there were no care plans or risks assessments in place for the people and that they could not confirm that advice regarding the use of homely remedies had been obtained from a doctor, pharmacist or specialist nurse.

We reviewed the MAR charts for six people in receipt of ‘when required’ (PRN) medicine. The provider’s medicine policy detailed the procedure for the ordering, recording, storage and administration of PRN medicines. For example, the policy stated ‘Staff administering PRN medication must ensure the medication is given as intended by recording a specific plan in the residents’ care plan which should be kept with the MAR chart’. The registered manager acknowledged care plans and risks assessments for people in receipt of ‘when required’ medicine were not in place.

We observed a letter dated 23 February 2015 from a person’s GP. The letter stated that it was acceptable to give the person tablets in their food should they decline to take it as a tablet. The registered provider’s medicine policy detailed the procedure for ‘covert medication’. We saw the mental capacity assessment for the person was undated, did not contain the person’s name and did not establish whether the person had capacity. We asked the registered manager for copies of the person’s care plan and risks assessment for ‘covert’ medicine. The registered manager acknowledged they were not in place and could not confirm how the medicine was being administered.

We saw people had a range of topical medicines in their rooms which did not have a date of opening or an indication for whom they had been prescribed. For example, on 19 January 2016 we found three bottles of Protosan, a wound wash, in a person’s bedroom. One bottle was prescribed for a person who was deceased. The other two bottles were prescribed for the person and were dated 20 June 2015 and 29 August 2015. Neither bottle had been dated on opening. The manufacturer’s instructions states once opened Protosan has a shelf life of eight weeks. We could not be certain if the wash was in date and suitable for use. We saw one person had three tubes of Cavilon cream opened and another person had two tubes. The provider’s medicine policy detailed the procedure for the use of ‘external medication application’. The registered manager acknowledged that staff practice was not in accordance with the provider’s documented guidance regarding topical medicines. This meant that people were at risk of receiving medicines in an unsafe way.

We observed a ‘post it note’ on a person’s MAR chart advising staff that a prescribed medicine should be given on alternative nights as the patient did not need it every night. We found no evidence that advice had been obtained from the person’s doctor to change the medicine dosage which meant that the medicine had not been given as prescribed. On 14 January 2016, we observed the MAR chart for a person prescribed chloramphenicol ophthalmic ointment to be applied daily. There were no staff signatures or written explanation to support this had been applied since the 10 January 2016. We observed missing staff signatures on another person’s MAR chart for Ferrous Sulphate 200gm on 7, 8 and 17 January 2016, Lorazepam

Is the service safe?

0.5mg on 4 and 6 January 2016 and Paracetamol soluble 500mg 4 January 2016. This meant that people were at risk of not receiving medicine or receiving medicine in an unsafe way.

We observed an entry in a communication book dated 1 January 2016 which stated a person had 'no docusate sodium left'. The MAR chart for the person recorded this medicine was discontinued with effect from 7 January 2016. The registered manager could not confirm the person had received the medicine as prescribed between the dates identified. On 27 January 2016, we saw an 'emergency script' at the back of a person's care file dated 8 July 2015, for 21 amoxicillin capsules 500gms, one to be taken three times daily and 42 prednisolone tablets 5mg, six to be taken daily for seven days. Neither the registered manager nor the member of staff responsible for the administration of medicines could confirm why the script was in the file.

Neither the registered manager nor the registered provider could provide evidence to demonstrate medicine audits had been completed. Staff who administered medicines were trained however their competency was not observed or recorded on an annual basis by senior staff in accordance with the registered provider's policy. This meant that people were not protected against the risks associated with the unsafe use and management of medicines.

We reviewed the cleaning arrangements for the service. A person who used the service told us, "The rooms are clean". However, neither the registered manager nor the registered provider could provide completed cleaning schedules for November 2015 and December 2015. This meant that the systems in place to maintain the cleanliness in the home and reduce cross infection may not be effective. On 19 January 2016 we observed the cleaner's cupboard, which contained COSHH controlled cleaning materials was unlocked and open. If accessed by people who used the service this could result in an accident. This meant that the service failed to effectively assess, monitor and mitigate the risks related to people's health and safety.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a copy of the provider's safeguarding adult's policy dated 2 March 2015, which provided staff with guidance regarding how to report any allegations of abuse, protect

vulnerable adults from abuse and how to address incidents of abuse. The staff we spoke with knew the different types of abuse and how to report concerns however the registered manager could not provide evidence to demonstrate that staff had completed training in the safeguarding of vulnerable adults. This meant that people may not always be protected from the risks of abuse.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the provider's accident reporting policy dated 5 November 2010. The procedures provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. The registered manager could not provide evidence that staff had read and understood the policy or were applying its principles in practice. We found staff were recording accidents and incidents in three different places and trend analysis was incomplete. We discussed this matter with the registered manager and one of the registered providers. Neither could explain why accident records could be found in three places and audits/analysis were incomplete. This meant that the service did not effectively monitor and mitigate the risks related to the health, safety and welfare of the people who used the service.

We looked at the registered provider's selection and recruitment policy dated 26 January 2015 and we found since our last inspection no additional care staff had been recruited. We saw the registered provider had a recruitment procedure in place which included prospective staff being required to complete an application form to demonstrate their suitability for employment. This was followed by an interview, the provision of two references, proof of identity and Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), check to check if the person was suitable to work with vulnerable people.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager could not confirm that the levels of staff provided were based on the dependency needs of residents. Any staff absences were covered by existing home staff. We saw there were two members of care staff on duty on a day and a night shift. We observed plenty of staff on duty for the number of people in the home and call bells were responded to in a timely manner.

Is the service safe?

Where required we saw evidence that equipment had been serviced in accordance with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We looked at the records for portable appliance testing, emergency lighting and electrical installation. All of these were up to date. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. This meant the provider had arrangements in place for managing the maintenance of the premises

On 14 January 2016 we reviewed the fire safety procedures in place. We saw there was a fire risk assessment in place dated 26 January 2015 which stated, fire alarms and fire extinguishers should be tested weekly and fire drills should be carried out every two months. We found the last recorded tests for the fire alarm and fire extinguishers were 28 December 2015 and the most recent fire drill was recorded by night staff dated 5 September 2015. This meant that people were not protected against the risks associated with fire.

We looked at a copy of the registered provider's business continuity management plan dated 30 September 2015. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises. The service had

Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included the person's name, signature, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required. This meant the provider had arrangements in place for keeping people safe in the event of an emergency.

On 14 and 19 January 2016, we observed the registered manager had brought their children into the service. On 19 January 2016 we saw the children running, screaming and shouting, through the kitchen and dining room. We asked the registered manager for a copy of the registered provider's policy on children accessing the service and for a copy of a risk assessment. The registered manager acknowledged there was no policy or risk assessment in place. We found generic risk assessments were in place for the delivery of care and treatment and for the use of equipment dated 21 August 2015. However the registered manager acknowledged there was no evidence to demonstrate that staff had read and understood the risk assessments or were applying the principles in practice. This meant that the service did not effectively assess, monitor and mitigate the risks related to the health, safety and welfare of the people who used the service.

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

Is the service effective?

Our findings

At our inspection in December 2014 we identified concerns that the provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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. We looked at records and discussed DoLS with the registered manager. We saw the registered provider had a mental capacity policy in place dated 17 April 2015 although the registered manager could not provide evidence to demonstrate that staff had read and understood the policy or were applying its principles in practice. We saw consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. The registered manager told us that staff had completed MCA/DoLS awareness workbooks which had been sent to an external training provider for accreditation. We found no applications had been submitted to the local authority for DoLS. The registered manager acknowledged they were not

confident to apply the DoLS legislation to the people who used the service. They told us they lacked knowledge and understanding about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DoLS) and had not completed any training.

People who lived at Highfield House Residential Home did not always receive care and support from trained and supported staff. On the 14 January 2016 we observed a staff training matrix displayed in the registered manager's office. The matrix showed that most staff had completed a Level 2 or 3 National Vocational Qualification in Care however mandatory training was not up to date. For example, health and safety training was dated 2011, moving and handling training was dated 2013, fire training was dated 2012, control of substances hazardous to health (COSHH) training was dated 2013, food hygiene training was dated from 2011 to 2013. The registered manager told us the service did not have a staff training programme in place and could not advise how often training should be renewed.

On each day of the inspection we asked the registered manager and the registered provider for an up to date training matrix or evidence to demonstrate the most up to date training completed by staff. The registered manager and the registered provider acknowledged they could not provide this information. On the 19 January 2016 the registered manager provided one training certificate for the moving and handling of patients dated 6 November 2015 for a member of staff and one incomplete MCA/DoLS awareness workbook, not dated, for another member of staff. On the 27 January the registered manager provided training certificates dated between 31 July 2006 and 21 November 2011 for the six members of staff responsible for the administration of medicines.

There was no evidence provided to demonstrate staff had completed training in food hygiene or had awareness of nutrition. There was no evidence provided to demonstrate staff had received training in end of life and palliative care. This meant that staff were not in receipt of appropriate and up to date training to enable them to carry out the duties they were employed to perform.

We saw staff received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The staff we spoke with told us they felt supported in their role however the registered

Is the service effective?

manager acknowledged that staff had not received an annual appraisal in 2015 although they did provide evidence that four staff had received an appraisal between 14 and 15 January 2016. This meant that staff may not always be properly supported to provide care to people who used the service.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

All the people we spoke with told us about how they liked the food and how the portions were good and always hot. A person who used the service told us, “The food is good and I eat everything”. People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. A four weekly menu was displayed on the wall in the dining room which detailed the meals and snacks available throughout the day. We saw staff chatting with people who used the service and offering them a choice of food and drink. The atmosphere was relaxed and no one was rushed. Tea, coffee, fruit juices and biscuits were served several times during the day.

We looked to see if people had been regularly weighed and observed a person’s care file recorded that between 3 December 2015 and 4 January 2016 they had lost 5.5 kgs in weight. The monthly observation dated 30 December 2015 recorded ‘no change’. We asked the registered manager whether the person’s weight loss had been reported or whether professional advice had been sought. The registered manager acknowledged that the weight loss had not been reported and professional advice had not been sought. We asked the registered manager and the registered provider to demonstrate the scales used to weigh the people who used the service had been calibrated. Neither the registered manager nor the registered provider could provide the evidence. This meant that the provider was not able to manage or respond to the risk of malnutrition safely and appropriately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia type conditions. We observed there were signs in the building which were photocopied and

displayed in plastic wallets which said ‘toilet’ or ‘shower room’. No other signs were used as described by Stirling University, the Kings Fund or NICE guidance to ensure people with dementia could maintain their independence. The registered manager told us six service users had been diagnosed with a dementia type illness. This meant that the service had not ensured the premises met the needs of people living with dementia.

We observed a bedroom had been designated as a ‘smoke room’ for the people who used the service. Risks in the room had not been identified or addressed and the local fire safety officer had not been consulted. For example, in front of the chairs in the room there were three open top card board boxes containing former service users personal care records, a shelving unit had a box of paper towels on it, there was a broken bed table lying on the floor, the radiator cover was loose and there was an open medicine trolley being used for the storage of nail varnish and nail varnish remover. There was no extraction for smoke. Windows and doors were being used to remove the smoke from the room which could result in the smoke blowing back into the building. This meant that the service had not effectively assessed, monitored and mitigated the risks related to the health and safety of people who used the service.

We observed three unoccupied bedrooms were unlocked and being used to store furniture and equipment and we saw wheelchairs, walking frames and pressure cushions equipment were stored in the dining room and beside the stairwell which if accessed by service users could result in trip hazards. This meant the provider did not have arrangements in place for the safe storage of equipment.

We observed the ground floor shower room had no room call system in place. The registered manager told us that no people who used the service took a shower unsupervised by staff but acknowledged that a system should be in place. We saw the ground floor bathroom was being used to store equipment. For example, a hoist, two free standing hairdryers and a foot spa were being stored in the room. The registered manager told us that all the people who used the service preferred to take a shower. We reviewed the personal hygiene care plan for a person which stated “I like to have a shower or bath with bubbles in.” This meant

Is the service effective?

that the service did not ensure people's needs and preferences were met or that the premises and equipment was suitable for the purpose for which they were being used.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Highfield House Residential Home. They told us they were happy with the care they received. People told us, “I am happy with the care I get. Staff are nice and helpful. I am well looked after” and “I like the home and the staff are nice”.

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms. A person told us, “The staff are great, they chat while getting me ready and will do anything you ask”.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people’s rooms and closing bedroom doors before delivering personal care. This meant that staff treated people with dignity and respect.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. Staff demonstrated they understood what care people needed to help them feel safe and comfortable. Staff focussed on the people’s needs. We observed staff sitting and talking to people. The staff we spoke with could tell us about people’s individual care needs and their family

circumstances. A person who used the service told us, “You could not be better looked after and staff are pleasant”. This meant that staff were working closely with individuals to find out what they actually wanted.

We saw the bedrooms were individualised, some with people’s own furniture and personal possessions. We saw many photographs of relatives and occasions in people’s bedrooms. All the people we spoke with told us they could have visitors whenever they wished. The relative we spoke with told us they could visit at any time and were always made welcome.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. A relative told us, “I am contacted by staff if there are any problems and they call the doctor when needed. Staff talk to me when I visit about mam’s care, so I am happy everything is alright”.

The care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person’s heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the people who used the service and their relatives had been involved in the decision making process. This meant that information was available to inform staff of the person’s wishes at this important time to ensure that their final wishes could be met.

Information for people and their relatives was displayed on notice boards throughout the home including, for example, safeguarding, advocacy, Alzheimer’s and complaints.

Is the service responsive?

Our findings

We looked at care records for people who used the service. Personal information about each person's care and treatment was kept in a variety of places and did not provide a contemporaneous record. Care plans were not always in place or detailed enough to ensure people received safe and appropriate care. For example, we saw a person had been admitted to the service for end of life care in December 2015 and the registered manager acknowledged that apart from the pre-admission assessment which had been completed there was no plan of care in place for the person.

We observed the care plan relating to a person's mental capacity stated 'I am unable to make decisions about all aspects of my care which may put me at risk of harm, neglect or health deterioration. I am able to make some choices. Community psychiatric nurses continue to monitor my health. I can become aggressive at times.' There was no detailed guidance for staff to follow to manage the behaviour of the person. Guidance issued by the National Institute of Health and Clinical Excellence ('Dementia: supporting people with dementia and their carers in health and social care', 2006) states "Individually tailored care plans that help carers and staff address the behaviour that challenges should be developed, recorded in the notes and reviewed regularly.' We found the provider had not followed this guidance.

We saw a mental health assessment tool completed for another person dated 17 June 2015. There was no evidence of review. The registered provider told us the person's relative had power of attorney however this was not detailed in the person's plan of care.

We observed the most recent chiropodist visit for a person was recorded in their care plan as 11 August 2014. Their personal hygiene record showed they had not had a bath for 20 days, for example on 8 December 2015 'shower and hair wash' and on 28 December 2015 'full body wash'. The registered manager acknowledged that from the records they could not confirm that the person's needs had been met.

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

The service employed a part-time activities co-ordinator. We saw the daily activities plan on the notice board which included arts and crafts, memory cards, film, quiz, pamper day, sing a long and bingo. During our visit we saw people participated in a range of activities, although not always the ones advertised on the day, for example, a sing a long, chair exercises, watching films and playing games. We also saw people enjoyed interacting with 'therapy pets'. We observed how staff supported those people who required assistance. Activities were recorded in people's care files and included cards, dominoes, vicar service, nails filed and cleaned, motivation class and outings to the café. Activities were also discussed at the resident's meeting held on the 13 January 2016, where two residents described the range of activities provided as 'enough'. This meant people had access to activities that were important and relevant to them.

All the people we spoke with told us they could make choices about how they wanted to receive the care they needed at Highfield House Residential Home. They told us they were able to go to bed and get up at whatever time they wished, what eat from breakfast and what activities they would like to do. People were encouraged and supported to maintain their relationships with their friends and relatives. This meant people were protected from social isolation.

We saw a copy of the complaints policy on display. The people and the relatives we spoke with were aware of the complaints process. A person told us, "We can speak to all the staff so there is no worry". A relative told us, "There is no need to complain as we raise issues at the time and they are put right". We saw that home had a process in place to record, investigate and inform the complainant of the outcome including the details of any action taken. There had been no complaints recorded since our last inspection. This meant that comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Our findings

At our inspection in December 2014 we identified concerns that the provider did not gather information about the quality of their service from a variety of sources. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had failed to achieve compliance with this regulation.

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 26 August 2014. People who used the service told us the registered manager would often be seen walking around the home talking to people. The staff we spoke with told us they felt able to approach the registered manager or to report concerns. They told us they liked working in the home as all the staff helped each other.

We found there was no clear leadership or accountability within the service and the governance systems were ineffective. The registered manager described the service as having “Too many chiefs”. The registered manager and the registered providers could not always provide us with the documents required for the inspection. The registered manager described this as “Embarrassing”.

For example, on 14, 19 and 27 January 2016 we asked the registered manager to provide us with an up to date training matrix for staff. This was not provided. On 19 January 2016 we had to defer the inspection as the registered manager had left the building with the only key to the care file cabinet which meant evidence relating to people’s care and treatment could not be corroborated.

We found that the service did not operate effective systems and processes to assess and monitor the quality and safety of the services provided. We looked at what the registered manager did to check the quality of the service. There was limited evidence produced to demonstrate quality audits were completed or effective in identifying issues or supporting service improvements. For example, we looked at the registered providers internal audit file. The file contained two ‘care audits’ dated 5 April 2015 and 12 August 2015, one ‘administration audit’ dated 4 September

2015, one ‘personnel audit’ dated 4 September 2015 and one ‘housekeeping audit’ dated 4 September 2015. All the audits were rated by the registered provider as ‘5 no significant shortcomings no action required’, despite improvements required to update care files, review the reporting, recording and analysing of accidents, implement performance appraisals, review staff training and monitor cleaning. The next audits were due December 2015 but there were no further audits completed. This meant that the service did not effectively assess, monitor and improve the quality and safety of the services provided.

We observed a food hygiene rating assessment from the Food Standards Agency in the ‘fire file’. The service had been awarded a ‘3 Generally Satisfactory’ on 10 September 2015. The rating displayed by the service referred to the ‘5 Very Good’ award dated 22 April 2010. We asked the registered manager why the assessment had been located in the fire file and for a copy of the action plan in response to the assessment completed in September 2015. The registered manager told us the assessment should not have been located in the fire file and both the registered manager and one of the registered providers acknowledged there was no action plan in place to support service improvements as a result of the assessment. This meant that the service did not act on feedback from external bodies for the purpose of continually evaluating and improving the service.

People’s care records were not kept sufficiently secure and could have led to a breach in confidentiality. Personal information about each resident’s care and treatment was kept in a variety of places and did not provide a contemporaneous record. This made tracking and retrieval of information either very difficult or not possible. For example, on 19 January 2016, we observed people’s confidential records on a staff workstation, in the resident’s lounge, accessible to people and visitors. Files were stored on and behind the workstation. One file contained information about people’s bowel movements, weights, GP and district nurse visits, activities and chiropody visits. Another file contained people’s daily records and body maps. A book contained information about people’s daily living and appointments. Care communication sheets were used to record daily living and professional interventions and there was also a shower and bed change file.

We found three people’s prescriptions on the workstation awaiting collection from the pharmacy. The registered

Is the service well-led?

provider told us they kept them there so they would “Not forget to hand them to the pharmacy man”. We discussed this matter with the registered manager and one of the registered providers. They did not address this at the time of our inspection. This meant that records were not maintained and used in accordance with the Data Protection Act.

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

We looked at what the registered manager did to seek people's views about the service. We saw the record of a resident's meeting held on the 13 January 2016. Five residents attended. Discussion items included the Christmas entertainment, food and drink, safeguarding, activities and complaints. One of the registered providers told us meetings were held every three months however there was no evidence provided of other meetings.

We saw that a ‘grumbles book’ had been put in place on 8 June 2015 and people using the service, their relatives, visitors and stakeholders were asked for comments about the quality of the service provided at Highfield House Residential Home. There had been ten entries made in the book with the last entry dated 27 September 2015. All the comments we saw were positive about the standard of care provided by the service.

We saw a record of a care staff meeting dated 6 January 2016. Discussion items included the reduction of staff hours, cleaning rotas, daily records, safeguarding, open door policy to discuss concerns, care plans, the importance of completing food and fluid charts when risks identified, weighing residents and contacting professionals if concerned. Five staff attended. This meant that the registered provider gathered information about the quality of the service from a variety of sources however did not always use the information to improve the quality and safety of the services provided.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions however the registered manager acknowledged they could not evidence that staff had read and understood the policies or were applying their principles in practice.

On 14 and 19 January 2016 the home did not display information relating to the most recent rated CQC performance assessment dated 15 and 16 December 2014. The registered manager told us the service had a website and was not aware of the requirement to display CQC performance assessments ratings inside the service or on its website. The registered manager addressed this requirement at the time of the inspection.

On 14 and 19 January 2016 a copy of the registered provider's ‘statement of purpose’ (SOP) which contained information about the service and its facilities was on display in the entrance hall however this was not up to date or accurate. The SOP recorded two version dates of 21 July 2008 and 16 July 2010. It also referred to the previous registered manager. On 27 January 2016, the registered manager provided an updated version of the Statement of Purpose. This version of the SOP contained inaccurate information regarding the service. For example, the experience recorded for the nominated individual and the registered manager were different despite it being for the same person. It referred to common induction standards, which have been superseded by the care certificate. It stated all employees received annual training although records do not support this statement. It referred to the service being registered to provide the regulated activity ‘personal care’ which related to domiciliary care services. It referred to providing a range of care and support services which could not be demonstrated with the training provided to staff.

This was a breach of the Care Quality Commission (Registration) Regulations 2009 (Part4) Regulation 12: Statement of Purpose.

Registered persons ‘must notify CQC without delay of the death of a service user’. We found one person had died on 31 December 2015 and another person had died on 15 January 2016. Both ‘expected death notifications’ were not submitted to CQC until 25 January 2016. When asked about the delay in submitting the notifications to CQC, the registered manager told us they thought the registered provider had submitted them. This meant that the service had not ensured CQC were notified of people's deaths without delay.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment of people was not provided in a safe way. Regulation 12(1)</p> <p>Risk assessments did not give staff clear guidance on how to ensure risks were mitigated. Regulation 12(2)(b)</p> <p>People's medicines were not being managed in a safe way. Regulation 12(2)(g)</p>

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The provider was not operating an effective cleaning schedule appropriate to the care and treatment being delivered in the premises. The provider was not monitoring the level of cleanliness in the premises and did not make sure that staff with responsibility for cleaning had appropriate training. Regulation 15 (1)(a)</p> <p>The provider did not ensure that the premises were suitable for the purpose for which they were being used. Regulation 15 (1)(c)</p> <p>The provider did not ensure that equipment was being properly maintained. Regulation 15 (1)(e)</p>

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

The provider was not operating effective systems and processes to assess and monitor their service. Regulation 17(1)

The provider did not effectively assess, monitor and mitigate the risks related to the health, safety and welfare of people who used the service. Regulation 17(2)(b).

Accurate, complete and contemporaneous records in respect of each service user were not being securely maintained. Regulation 17(2)(c).

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received appropriate support through training and appraisal as is necessary to carry out the duties they are employed to perform. Regulation 18(2)(a).

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.