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# Highmead House

## Inspection report

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Date of inspection visit:  
23 November 2017

Date of publication:  
29 January 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 23 November 2017 and was unannounced.

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

Highmead House provides care for up to thirty two older people. At the time of inspection, thirty one people were receiving a service.

At the last inspection in January 2016, the service was rated Good. At this inspection we found that the service remained Good.

People and their family were able to contribute to the way in which they were supported. The service was proactive and innovative in planning people's care so that they felt listened to and empowered. People were supported in a creative and innovative way that identified their wishes and supported them to take part in meaningful activity.

People's needs were identified and responded to in a creative way, so that people felt cared for and had maximum opportunities to pursue interests that were important to their history, culture or religion.

Strong links and activities were created with the community to enable people to feel a sense of belonging and develop positive relationships.

People received end of life care that was personalised and dignified. The service excelled at creating a caring, comfortable and empathetic environment for people and their families through end of life care.

There was a registered manager in post. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and risk assessments were in place to manage risk within a person's life.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Highmead House

## **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 23 November 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with five people who used the service, two relatives of people that use the service, one support worker, one senior support worker, the administrative assistant, the provider and the registered manager. We reviewed five peoples care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "Yes I'm very safe here, no issues at all." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. One staff member said, "I would report any concerns to the manager, who I know would follow it up appropriately. I know I can go to the safeguarding team at the council also."

Risks across different areas of people's life were assessed to ensure they were as safe as they could be. We saw that care planning and risk assessments were linked with each other on the electronic care planning system the service used, which made it clear to staff how best to support people. Assessments were positive in their nature and promoted people's independence as much as possible.

There were enough staff employed by the service to make sure people were safe and received the care they needed. One person said, "I always have the help I need." The registered manager told us that the service never used agency staff members, as any cover was provided by permanent staff members. The rotas we looked at confirmed that staffing was consistent, and during our inspection we saw that enough staff were on shift to meet people's needs.

The service safely supported people with the administration of medicines. Everyone we spoke with said they were happy with the support they got to take and prescribed medicines. Medicines were safely stored, and the medication administration systems (MAR) were used accurately. Staff were trained and confident in administering medicines within the service. During our inspection, we saw that the service was engaging with professionals from a pharmacy, to look at continuing to improve medication administration systems.

People were well protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place. Staff were trained in infection control, hand sanitising units were present around the service, and staff had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating.

Staff recorded any accidents or incident appropriately, and actions were created to make sure improvements were made and lessons were learned. For example, we saw that after an incident where a person had fallen out of bed, the appropriate updates to their risk assessments were made, and equipment was purchased and installed to reduce the risk of this happening again. Any issues were discussed at team meetings where staff could have input around any necessary improvements.

# Is the service effective?

## Our findings

People's needs were assessed before they received a service, to ensure that outcomes were effective. The registered manager told us, "We have one empty room at the moment. I have had referrals, but I always make sure that we only introduce people to the service that I know we can support properly. If their needs are too high, I have to be honest with people and say that this is not a suitable place for them to be." We saw pre-assessments of care within people's care files.

Care and support was delivered effectively by a staff team that had the skills knowledge and experience to do so. One relative of a person said, "This is the best place for [name] to be. The staff are excellent at their job." All staff received an induction before starting work, and training was then on-going for all staff who attended refresher courses when due. We saw that all staff within the service had received specialist training in areas that would benefit people, such as 'an understanding of dementia'. One senior staff member was currently undergoing a 'Train the trainer' course which would enable them to deliver new training to the staff team within the service. We spoke with the administrative assistant who had created a clear and concise record of all staff training, and would regularly book people on to any training updates that were required.

People were supported to maintain a healthy diet. One person said, "I like the food, it is good and there is a choice." The service freshly prepared breakfast and lunch, and used a catering company to provide dinners. There was a wide range of pre prepared dinners available which included options for people on specialised texture diets. We observed that people received the support they needed during the lunch period to eat and drink. Food and fluid monitoring took place with people who needed it for health monitoring, and we saw that improvements in people's health and weight had been clearly recorded.

The service worked well with other agencies and communicated well. We saw that the service had worked with the local authority contract monitoring team who had inspected the service themselves. Good communication was documented and any queries or concerns were addressed by the service.

People received the support they need with their healthcare. A senior staff member told us, "We have visiting health professionals. The advanced nurse practitioner is very good; we get a lot of support here." We saw that people's health needs were closely monitored within the care planning system, and regular records were taken as required.

The design and decoration of the premises met people's needs. We saw that people were able to choose the colours of the paint within their rooms, and bring whatever furniture they wanted in to make them feel as comfortable as possible. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. We saw that extensive plans had been made to further improve and personalise the environment, including personalising people's room doors, new paint schemes for different areas of the building, and new bathrooms.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they

were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).



## Is the service caring?

### Our findings

People and their relatives, said the staff were very caring and kind. One relative said, "You couldn't hope for a better place. The staff are wonderful to [name]." During our inspection we saw that management and staff interacted with people in a warm and friendly manner, and people felt comfortable and well cared for. Staff we spoke with were able to explain people's individual needs and preferences, and how they liked to be cared for. Staff understood people's emotional support needs, and responded to people in a warm and caring manner that put them at ease and made them comfortable.

People or their relatives were involved in their own care and were in control of what happened to them. A key working system was in place, which gave staff the responsibility of involving specific people with their own care. We saw that regular updates took place where staff would check with people if they were happy with the care they received. Relatives were involved as and when required, when people could not be fully involved themselves. During our inspection we observed that people were given the time they needed to communicate with staff and express themselves.

People told us they felt their privacy and dignity was respected. One person said, "The staff are very respectful, no problems at all." All the staff we spoke with told us of the importance of respecting a person's privacy, and making sure they were comfortable. We saw that staff knocked on doors before entering, and made sure that other staff were aware when personal care was taking place so they did not enter the room.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Staff used innovative ways of involving people's family and friends in their care, so that they felt involved and could contribute to their care needs. The service had a social networking profile which was used to regularly update family members about the daily activities and events that went on. We saw that relatives valued this communication highly, and regularly used the site to comment and communicate with staff and the service. Photos and videos were shared, with people's consent, to allow family members to see what people were doing. One relative of a person wrote, "The staff always go the extra mile for [Name] and are always friendly when we visit. She thinks of Highmead as her home."

People's cultural and religious beliefs were respected and supported. During our inspection we saw that a visiting church service was taking place within the lounge area. Several people were involved in the service and taking part with the visitors. People we spoke with told us that this service was important to them, especially as going out to a church was more difficult for them and less convenient.

The service responded to people's needs in a personalised way. We saw that one person had moved in to the service due to not being able to manage at their home any more. The person's husband also had care needs, but initially was going to move into the service at a later date. The person that had moved in, but was becoming more and more distressed and upset about not having their husband with them. The service recognised this fact, and enabled and allowed their husband to move in several weeks earlier than scheduled at no extra cost. This meant that the couple were able to resume living together and have their emotional needs met, without having to be concerned about any additional unplanned financial impact.

The service ran various group activities for people to take part in, but also worked with people individually to identify what they would like to do. One person told us they used to be in the Royal Air Force. They talked fondly of their memories of this time, and told us they were able to regularly visit a social club for people who had served in the RAF. It was clear that this was an important link for the person to maintain, and the staff were happy to facilitate and support this taking place.

The service took a key role in building links with the wider community. The registered manager told us of the positive links that were formed with the local college. They had visited the college to deliver a presentation on Highmead house to the students, which enabled the students to understand the service and its place in the community. Student volunteer placements had been created within the service. This enabled students interested in or studying health and social care to come in and gain valuable experience. The people within the service were able to benefit from having enthusiastic students around them, spending time with them and helping out with some activities. During our inspection we saw that a former student volunteer had come back to visit the service, speak with people and assist with Christmas decorations.

The service had also arranged for a local school to take part in visits. We saw many photos of young children taking part in joint activities with people including art and craft. People were clearly enjoying the company of the children and having fun. One person told us, "It's great fun when they visit." A staff member said, "It's

amazing to see people's faces light up. Some people never had children of their own, so it's a really great session."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework that was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that pictorial stickers were placed in certain areas of the service, to orientate and remind people of which room was which. Pictorial menu plans were also used for people to assist in recognising and fully understanding the food choices available.

The service was skilled at supporting people and their families, with end of life care. We saw that where people wanted to, discussions had taken place about end of life care arrangements and requests. Detailed care plans were in place to guide staff withal aspects of end of life care. We saw written feedback from one person who wrote, "[Name] was a resident here before she sadly passed away. At the time she passed away, we found the care that she had to be excellent. My husband and I cannot thank the team enough for the way they cared for [Name] at a time when they were so frail. This is a first class care home." The staff told us that they had excellent relationships with a nurse practitioner and other health professionals who supported the service with people's end of life needs. The staff were confident that the support and care in place for people meant that they could respond quickly to people's changing needs.

The service understood the emotional impact that end of life care had on people and families. We saw that the service acted with empathy and understanding towards family members, and other residents who were friends of, those who had recently passed away. There was a quiet remembrance corner within one of the communal areas, where photos, cards and poems were kept to help people commemorate those they had lost. The service also held remembrance events for family members to come back into the service and spend time with staff and other people, to celebrate the lives of their loved ones with a balloon release.

People knew how to make a complaint if needed and had confidence their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. We saw that complaints had been recorded, and responded to promptly to the satisfaction of the complainants. We saw that actions were created when required to make sure that improvements were made to the quality of care received.

## Is the service well-led?

### Our findings

The service promoted a positive atmosphere and a clear vision to achieve the best possible outcomes for people. The staff, registered manager and staff at all levels had an excellent knowledge and understanding of each individual person receiving care, and what their needs were. The registered manager had a positive vision for the service which was shared by all the staff. The staff we spoke with all told us they were happy working at the service and felt they had excellent support in place from management. One staff member said, "The registered manager is excellent, the support is brilliant and we are a great team because of it. It's like a family here." Another staff member said, "The provider who is also the owner of the service, is here regularly helping out as well. Everyone chips in and it is a great team." During our inspection it was clear that the staff communicated easily and confidently with management, who were able to support them as they required.

The service had a registered manager in post. 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 registered manager was aware of the responsibility to submit notifications and other required information.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meeting held, and staff we spoke with confirmed they took place.

The people using the service and their family were able to feedback on quality. We saw that quality questionnaires were completed for people in an easy to read format which enabled them to record feedback. We saw that feedback was collated and analysed by management and responses were given to people when necessary. Meetings for family members to attend were held. One person told us, "I'm always here, I know I can feedback and have an input. I am always listened to."

Quality assurance systems were in place to help the service continually learn and improve. Comprehensive service audits had taken place which included staffing, complaints, care files and medication. We saw that where errors were picked up, appropriate actions were taken and improvements made.

The service worked positively with other agencies. The local authority had inspected the service, and feedback was positive. We saw reports and documentation that showed the service was open honest and transparent with outside agencies and professionals, as well as being receptive to advice and feedback, and making changes when required. The registered manager raised safeguarding alerts when appropriate, to ensure people's safety. The service had displayed their previous rating as required.