Care Community Limited

Highfield House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on the 9 and 11 March 2016 and was unannounced. The home was last inspected on 2 June 2015 to check if breaches of regulations had been met. Prior to this breaches of regulation had been found at an inspection in December 2015. These were for shortfalls with staff recruitment and delays with notifications to the Care Quality Commission (CQC).

Highfield House provides accommodation and personal care for up to six people with learning difficulties and mental health needs. At the time of our inspection there were four people living at the home.

Highfield House did not have 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.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied.

There were inconsistencies with some aspects of the management of people's medicines.

Staff had the knowledge to protect people from abuse. Staff had the benefit of being able to undertake the care certificate qualification.

People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People's health care needs were met through regular healthcare appointments and liaison with health care professionals. People were consulted about their choices for meals.

People received personalised care and there were arrangements in place to respond to concerns or complaints from people using the service and their representatives. Staff were caring and respectful in their approach to people and involved them in the planning and review of their care and support.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe.

People were not protected by robust staff recruitment practices.

Some aspects of the management of people's medicines were inconsistent.

Sufficient staffing levels were maintained to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received support and training to carry out their roles with the care certificate qualification made available to relevant staff.

People were protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards however staff knowledge was variable.

People were regularly consulted about meal preferences and they were supported to meet their healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support and were consulted to gain their views about the support they received.

People were enabled to engage in trips out of their choice.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Requires Improvement

The service was not well led.

A registered manager had not been in post since October 2014.

The acting manager was accessible and open to communication with people using the service, their representatives and staff.

Systems in place to ensure the improvement of the service were not always effective.

Highfield 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 9 and 11 March 2016 and was unannounced. One inspector carried out the inspection. We spoke with the acting manager and a deputy manager from another of the provider's care homes and three members of staff. We spoke with one person using the service during our visit and another person on the telephone following our visit. During our visit we also spoke with a relative of a person using the service on the telephone. In addition we reviewed records for three people using the service, toured the premises and examined two staff recruitment files. We also checked records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People were placed at risk of being supported by inappropriate staff because robust recruitment procedures were not always applied. At this inspection we examined recruitment documents for two members of staff. For one member of staff information had not been obtained about conduct and reasons for leaving previous employment with two services concerned with caring for adults.

Disclosure and barring service (DBS) checks had been carried out before staff started work. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However a risk assessment had not been carried out in relation to information on one staff member's DBS before they were employed. In addition the registered provider's recruitment policies did not reflect the regulations relating to employment checks for staff working with vulnerable adults. The acting manager told us the registered provider was aware of the need to update the recruitment policy.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found inconsistent practice around some aspects of the management of people's medicines. Medicines were stored and the temperature of the storage cupboard and refrigerator was monitored and recorded. However temperature records were incomplete. There were no records for temperature recording after 26 November 2015 until the start of February 2016. And from the 22 February up until the first day of our visit. Those recorded showed storage temperatures had been maintained within correct limits. Topical creams were stored alongside oral medicines which is not good practice.

There were records of medicines being received into the home and being disposed of when required. There were some gaps in the recording of administration on the MAR charts. For example two people did not have the administration of their medicine signed for the evening dose on the 4, 5 and 7 March 2016, while another person did not have their medicine administration signed for on 5 March 2016. Where people were prescribed medicines to be given on an 'as required' basis, for example to relieve pain or anxiety there were no individual guidelines in place for staff to follow. There were no people using the service who were keeping or administering their own medicines. We looked at the arrangements for medicines which need to be kept securely and administered by two staff in line with the requirements of The Medicines Act 1968 and associated legislation. Although these medicines were stored securely the storage arrangements did not meet the legal requirements. In addition a log book for recording the administration of these medicines was not being used. By the second day of our visit a suitable log book had been found and was put into use to record the administration of these medicines.

The acting manager was informed of the findings and agreed to remedy this, by the second day of our visit work had been started to provide individual guidelines for people taking their medicines on an 'as required' basis. A medicines audit tool had been prepared and this was put into use by the second day of our visit in response to the issues we found. In addition the acting manager informed us of her decision to change the

supplying pharmacist to improve the management of people's medicines.

Regular stock checks were in place and where handwritten directions had been made two staff signatures indicated the directions had been checked for accuracy. Liquid medicines were dated on opening to determine the expiry date of the medicine. Staff trained to manage medicines were deployed so that there was at least one suitable staff member on each shift including nights.

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Staff confirmed they had received safeguarding training. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Some staff had previous experience of reporting safeguarding concerns, they were confident in their approach and had felt that any allegations made would be taken seriously and investigated. One person using the service confirmed Highfield House was a safe place to live.

There were sufficient numbers of staff to meet people's needs. The acting manager explained how staffing levels were maintained. Staff we spoke with felt staffing levels had improved since around Christmas time 2015 when some staff had left. Staff told us they had found it hard working long hours to cover for staff vacancies. More recently agency staff had recently been used to fill gaps on the rota while the recruitment of new staff was in process. One staff member acknowledged this stating "I look forward to coming to work again". One person we spoke with told us there were enough staff to meet their needs.

People's money was stored securely and there were appropriate systems in place to manage how their money was spent and protect people from financial abuse. Risk assessments had been completed where people were at risk of potential financial abuse.

Risk assessments were in place for people in all of the care files we looked at. These had been regularly reviewed and covered risks such as diabetes and cross infection. We carried out a tour of the premises and noted the care home was warm and clean although some communal areas were in need of redecoration. The safety of the premises was maintained through actions taken as a result of risk assessments and regular maintenance of equipment. These ensured that people were protected from risks associated with electrical appliances, gas and legionella. The acting manager told us how regular fire drills had taken place although only the most recent records of these could be found. People had individual evacuation plans in place for use in the event of an emergency.

Good

Is the service effective?

Our findings

People using the service were supported by staff who had received training and support for their role. Staff had received training in subjects such as manual handling, fire safety, first aid and diabetes. They told us they felt the training provided by the service was enough for their role although one member of staff wanted more training in some areas which we fed-back to the acting manager. Staff had regular individual meetings called supervision sessions with the manager or a senior staff. Staff told us they felt supported and confirmed the supervision sessions took place on a regular basis. Annual staff appraisals had not been carried out although the acting manager was looking at a suitable format to use for these. New staff had enrolled on the care certificate qualification for those new to the work of caring for and supporting people.

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. Two people had authorisations in place to deprive them of their liberty with an application being made for a third person. We checked the conditions of the authorisations in place and these were being complied with. Staff told us they had received training in the MCA and DoLS although their knowledge was variable.

The approach to providing meals was for people to choose their meals on an individual basis. Minutes of individual meetings with people showed how people were asked for their meal choices. People were offered breakfast at a time suitable for their individual daily routine. A record of meals and drinks taken was kept for each person. Monthly inspection visits by the management of the provider included checks that menus were appropriate to meet dietary needs.

People's healthcare needs were met through regular healthcare appointments. People attended their GP surgeries, dentists and hospital appointments. One person received input from a specialist diabetic nurse. People had health action plans and hospital assessments. These were written in an individualised style and a statement indicated that they may form part of each person's 'person centred plan'. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. We saw evidence of people attending health care appointments in the form of letters about hospital appointments and letters regarding referrals to health care professionals.

Good

Is the service caring?

Our findings

People were treated in a caring way by staff and spoken to in a respectful manner. Staff checked with people if they were happy for us to view their rooms when we looked over the home. When staff interacted with people they took time to explain actions and checked for preferences. One person confirmed staff were kind, caring and polite. Information was available about people's life histories and preferences for staff to refer to. This included information about how to respond to people if they became distressed. We saw how staff responded appropriately when one person started to show signs of being distressed. Staff were aware of one person's religious beliefs and how they may wish to practice these.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of individual meetings with people demonstrated how they were able to express their views. People confirmed staff respected their wishes about how they spent their day. A visiting social care professional commented positively about how one person's wishes were respected by staff. Records showed where people and their representatives had been involved in reviewing their support plans with staff. People at Highfield House made use of advocacy services, one person had an Independent Mental Health Advocates (IMHA). IMHAs are statutory advocates who work within the framework of the Mental Health Act 1983. One other person was using a lay advocate and a third person had recently been referred to advocacy services.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting someone with personal care they would ensure doors were closed and people were covered appropriately. Procedures would be explained to people to avoid any misunderstanding. These actions were reflected in detailed support plans for staff to follow. We observed staff knocking on doors before entering rooms during our visit. Senior staff told us how they would intervene if they felt other staff were not upholding people's privacy and dignity.

Confidential information about people contained in their support plans was locked away under the control of staff. Staff also told us how they would promote people's independence in particular encouraging people to carry out some personal care tasks such as washing their face for themselves.

People were able to maintain contact with family members through visits at the care home and meeting relatives in the community. One person told us how they kept in regular contact with a relative which was important to them. Another person's relative kept in touch by telephone and told us how staff kept them up to date with any issues. Records showed evidence of people having ongoing contact with their relatives.

Good

Is the service responsive?

Our findings

People received individualised care and support with their preferences and requirements clearly written in their care and support plans. These included 'pen pictures' consisting of a summary of important information about the person. Support plans were written in a personalised way and contained detailed information about how people wished to be supported in their daily routine for example "I will inform staff when I am ready to retire for the evening" and "I do not like to go out in the evening". They also included a record of issues important for each person including information about a person's preferences and how they enjoyed spending their time. A visiting social care professional described how staff were "tuned in" to people's needs and made positive comments about how staff were able to interpret people's communication and behaviour. People had communication passports to help staff understand how the person might communicate different needs and wishes. Support plans had been kept under review with additional checks of some plans undertaken through the monthly inspection visit by the acting manager.

Monthly reports were completed about each person giving an overview of their current needs, support given, social activities and any accidents or incidents. Staff described the importance of personalised care and in particular giving people options and respecting their wishes. One member of staff described personalised care as "care to suit them, it's their choice". Personalisation extended to people's individual rooms where one person had recently chosen their wall paper and general decoration.

A visiting social care professional commented positively about how the support given to one person with staff taking on advice about support plans and respecting the person's wishes. They also praised an innovative approach to helping a person cope with anxiety over changing their clothing through buying duplicate outfits. They described this as "thinking outside the box". Information was available about people's life histories including people's beliefs and important events which might be relevant to offering support in the future.

People were supported to take part in trips out with the main activity being shopping trips using public transport or meals out. Photographs showed people had engaged in activities such as singing, shopping and visits from relatives. We spoke with one person when they returned from a shopping trip. They told us how they had been able to go to all the places they wanted and had enjoyed lunch out at their chosen restaurant. They proudly showed us a new pair of gloves they had purchased.

There were arrangements to listen to and respond to any concerns or complaints. Information explaining how to make a complaint was available in a format suitable for people using the service using plain English and pictures. We checked on any recent complaints. There had been no complaints received in the previous twelve months. Monthly inspection visits by the acting manager included a check on any new and a review of any existing complaints. People were also spoken with on these visits to check on their well-being.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection Highfield House did not have a registered manager. The previous registered manager left in October 2014. A previous manager had also submitted an application for manager registration but had left before the registration process had been completed. The acting manager had recently submitted an application for manager registration. 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 and associated Regulations about how the service is run.

Monitoring of the service was in place in the form of a monthly inspection visit completed by the acting manager or a deputy manager from another care home and these were known as "provider visits". The inspection visits covered a range of areas including peoples' finances, inspection of the premises, checks on activities undertaken and interviews with people using the service and staff. Reports were produced that included matters arising from visits and action to be taken with deadlines for completion. The visit for January 2016 included interviews with people using the service and staff, activities undertaken by people and an inspection of the premises. However this monitoring lacked effectiveness in some areas as it had failed to identify the shortfalls we found with staff recruitment processes and aspects of the management of people's medicines. When we raised the issues with the management of people's medicines, the acting manager took prompt action to remedy these.

A visiting social care professional was positive about the acting manager stating they were "always willing to try new things" and praised their communication about a person's needs. However they commented the acting manager was not always available due to commitments in managing other care homes operated by the registered provider. The acting manager described the vision and values of the service as "To give the best quality and best possible outcomes for individuals, given their complex needs". The current challenges to the service were acknowledged as recruitment of a staff team, filling vacant beds, redecoration of communal rooms and tidying up the car park area.

Staff we spoke with were positive about the management of Highfield House and confirmed the acting manager was approachable. One staff member said "it's well managed, staff come in and leave with a smile".

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Checks were in place to ensure a consistent service was being provided. Quality assurance surveys had recently been given to visitors including health and social care professionals and staff, so far four survey forms had been returned. These included comments about the internal decoration of the care home and problems with visitors accessing the car park partly due to two cars stored there which were no longer in

use. We discussed these issues with the acting manager who acknowledged they had been raised previously although the issues were unresolved at the time of our visit.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person was not operating effective recruitment procedures. They did not ensure all the required information was obtained and did not assess risks to people before employing staff.