

Accommodating Care Newent Limited

Highfields Residential/ Dementia Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Highfields Residential/ Dementia Care Home is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 27 people in one adapted building.

People's experience of using this service and what we found

We found improvements had been made to staff recruitment procedures to ensure suitable staff were recruited to care for people using the service.

People were protected from harm and abuse through the knowledge of staff and management. A new system to support people with taking their medicines was about to be introduced.

Staff were able to develop the knowledge and skills for their role through a programme of training and were supported through regular individual meetings and annual performance appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with respect and kindness and their privacy and dignity was upheld. They were supported to maintain their independence and keep in contact with relatives.

People received personalised care and there were arrangements in place to respond to concerns or complaints from people using the service and their representatives. People were enabled to be involved in activities in the home and to enjoy occasional trips out.

The registered manager was accessible to people, their visitors and staff. People and their representatives were asked for their views about the care home. Quality monitoring systems were in place to ensure a consistent service was provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 24 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Highfields Residential/ Dementia Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, administrator, the activities coordinator, one senior care worker, two care workers and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives of people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our previous inspection we found improvements were needed to staff recruitment procedures to ensure suitable staff were recruited. At this inspection we found staff recruitment procedures had improved with the required information being obtained before applicants were offered posts. This ensured suitable staff were recruited to provide care and support for people using the service.
- Sufficient numbers of staff were deployed to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. People told us they felt safe living at Highfields.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks. Staff had received fire safety training and people had personal emergency evacuation plans. Improvements were in progress to improve the emergency evacuation equipment following advice from a fire safety officer. One person had been moved to a room on the ground floor in response to their assessed evacuation needs.

Using medicines safely

- A new medicine system was about to be introduced following a change of the supplying pharmacy. We found records of people's medicine administration had been accurately completed although some handwritten directions for giving people their medicine had not been checked for accuracy by a second member of staff. We raised this with the registered manager who ensured all hand written directions were immediately checked. These were then found to be accurate. The new system would ensure printed directions would always be produced to guide staff with giving people their medicines.
- Medicines were stored securely with monitoring in place to ensure correct storage temperatures. To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels. Staff had received training and competency checks to support people with taking their medicines.

Preventing and controlling infection

- We found the care home was clean and people's relatives told us it was clean when they visited. The latest inspection of food hygiene by the local authority in July 2019 had resulted in the highest score possible. Staff had received training in food hygiene and infection control and an annual infection control audit was carried out to monitor and sustain the cleanliness of the care home.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. As a result of an accident to one person improvements were made to monitoring the person and relevant risk assessments were updated.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were fully assessed which included ongoing involvement of their close relatives and if needed health professionals.
- Recognised assessment tools were in use to assess people's risk of developing pressure ulcers and to monitor any nutritional risks.

Staff support: induction, training, skills and experience

- Staff received training in manual handling, first aid, health and safety and dementia awareness. Staff told us they received enough training for their role.
- Staff had individual meetings known as supervision sessions as well as annual appraisals with the registered manager to monitor their performance and discuss any work related issues.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied diet which reflected their preferences. Lunch included a choice of main dishes and a vegetarian option. One person told us how they enjoyed the meals provided.
- We observed people taking their lunch which was served in a relaxed atmosphere with attentive staff ensuring people received their choice of meal.
- The cook showed us how information was recorded about people's dietary needs, favourite food and drink and any known food allergies.

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

- Since our previous inspection improvements had been made to the care home environment such as new access gates, two new shower rooms and redecoration including new carpets in some individual rooms. The lift had recently been repaired and a telephone installed for staff to summon help in the event of a breakdown.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare professionals when required and were supported to maintain good healthcare. People received visits from GPs, district nurses and chiropodists when required.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's care plans described if they needed any support with decision making in relation to the care and support they received. Assessments had been made of people's mental capacity to consent to aspects of the care provided.
- Applications for authorisation to deprive three people of their liberty had been approved. We checked and there were no conditions relating to these approvals. Another four applications were pending approval.
- Where decisions had been made about resuscitation these were prominently displayed in people's care plan folders. The registered manager was aware of recent local developments with recording decisions about resuscitation and was planning to implement these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them. One person told us, "It's friendly, they (the staff) sit and have a chat with you." Another person said, "I think on the whole we are well looked-after". Staff offered effective reassurance to a person who became distressed. Positive relationships were maintained between staff and people using the service. A person's relative told us staff were "Really caring" and the person was "Well looked-after".
- People's needs in respect of their religious beliefs were known and understood. An Easter religious service was being organised following requests from people.

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

- People and their representatives were involved in decisions about the care and support they received through reviews and regular meetings. People's relatives told us they were kept informed of any changes to people's care or changes to their health.
- People were able to access advocacy services if they did not have representatives that could support them to make decisions about their care. Information was on display about advocacy services. At the time of our inspection people were not using any of these services.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff gave us examples of how they would respect people's privacy and dignity when providing personal care. This approach was reflected in people's care plans.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. For example, one person's relative brought the person's dog into visit them. People's relatives told us how staff welcomed them to the care home when they visited.
- People's independence was respected and promoted. We saw staff supporting people to make meal choices and to walk independently. People's care plans described areas of independence and the importance of staff acting to maintain these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised and responsive to their needs. Detailed information had been recorded about people's lives and backgrounds to enable staff to understand people and enhance communication.
- Care plans included information to guide staff in supporting people when they became distressed.
- People were supported to take part in group activities such as bingo, quizzes, and exercises to music. As well as group activities, people were also able to participate in smaller groups or on an individual basis to play board games, card games, dominoes and painting. The activities organiser described how some activities had been provided successfully for people living with dementia.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and information had been prepared in a suitable format for people where a need had been identified.
- People's care plans included information for staff to follow to ensure effective communication.

Improving care quality in response to complaints or concerns

- There were arrangements to listen to and respond to any concerns or complaints. Information was available to people and their representatives about how to make a complaint. Recent complaints had been fully investigated with appropriate responses given to complainants.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. End of life care had previously been provided to people in partnership with health care professionals.
- People's wishes and plans for the end of their life had been recorded for future reference where this was known. Staff had received training in End of life care.
- We spoke with a relative of a person who had spent their final days at Highfields and they gave positive comments about the care provided to the person.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager described the current aims for the service as "To move the care home forward while recognising the needs of residents and the fact it is their home". Throughout our inspection we found examples of the service supporting people in accordance with this approach. Planned developments included making the garden more accessible, improvements to the call bell system and sourcing oral health training for staff.
- Staff were positive about their roles and told us the registered manager and senior staff were approachable.
- Regular staff meetings provided communication about the expectations of staff and enabled changes to people's needs to be discussed and understood.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Surveys had been sent out to people's relatives to gain their views on the home. The survey allowed people and their representatives to give their views on such areas as the environment of the home, politeness of staff, privacy and dignity and whether visitors were welcomed. The responses in the returned survey forms were analysed and actions drawn up for any areas of improvement. This was then communicated back to the participants of the survey. The latest survey had identified improvements were needed to the menu and the decoration of parts of the care home which was being actioned.
- Regular audits were taking place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. These were supported through monthly visits from the area manager.

