Highland House Residential Home Limited

Highland House

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?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection carried out on 30 June 2016. Highland House is a large detached property, set in large, well-maintained grounds, just outside Canterbury. It is a privately owned, family run service and provides accommodation and personal care for up to 30 older people, some of whom may be living with dementia. On the day of the inspection there were 27 people living at the service. The provider is a limited company with four directors.

The service is run by two of the directors, one of whom is a registered manager. They were both present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had not consistently submitted notifications to CQC in line with Regulations.

People said they felt safe living at the service. Staff understood how to protect people from the risk of abuse and the action they needed to take keep people safe. Staff were confident to whistle blow to the registered manager or to other organisations if they had any concerns and were confident that the appropriate action would be taken.

Risks to people's safety were identified, assessed, monitored and managed. Assessments identified people's specific needs, and showed how risks could be minimised. Accidents and incidents were recorded, analysed and discussed with staff to reduce the risks of them happening again.

Robust recruitment processes were in place to check that staff were of good character and safe to work with people. Information had been requested about staff's employment history, including gaps in employment. There was a comprehensive training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff who knew them well.
People received their medicines safely and told us they received their medicines when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager had submitted applications to the local authority in line with guidance.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. Staff had received training on the MCA and understood the principles of the MCA and how it impacted on the people they supported. They put this into practice effectively, and ensured that people's human and legal rights were protected.

The building and grounds were very well maintained. Regular environmental and health and safety checks were completed to ensure that the environment was safe and that equipment was in good working order. Emergency plans were in place so if an emergency happened, like a fire or a flood, the staff knew what to do.

People were provided with a choice of healthy food that they told us they liked. Meal times were social occasions and were very relaxed with people and staff chatting with each other. People were supported to maintain good health and had access to health care professionals when needed. Staff had strong working relationships with health professionals, such as, GPs and the community nursing team.

People were involved with the planning of their care. Care was planned in line with people's individual care needs. People spoke positively about staff and told us they were kind and caring. People were happy with the care and support they received. Staff knew people well and were familiar with people's life stories. They were knowledgeable about people's likes, dislikes and preferences.

People's privacy was respected and people were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. People, their relatives, staff and visiting health professionals were encouraged to provide feedback to the registered manager about the quality of the service. People said their views were taken seriously and any issues they raised were dealt with quickly. They told us they did not have any complaints about the service or the support they received from the staff.

Staff offered people a range of different activities each day. People made suggestions of new activities they would like to do. People, staff and visiting health professionals told us the service was well-led. Staff said they felt supported and valued by the management team.

The registered manager mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities. Some records were not consistently updated.

We have made a recommendation about using signage that might help people living with dementia to find their way around the service.

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 this 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?

Good

The service was safe.

Risks to people's safety were identified, assessed and managed appropriately. People felt safe and were protected from the risks of avoidable harm and abuse.

People received their medicines safely and were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

The provider had a recruitment and selection process in place to make sure that staff were of good character.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had the skills they needed to provide people's care in the way they preferred. People were supported to maintain good health and had access to health care professionals when needed.

People were provided with a choice of healthy food that they told us they liked.

Is the service caring?

Good

The service was caring.

People were happy living at Highland House. Staff treated people kindly and respected their privacy and dignity.

Staff were aware of, and promoted, people's preferences and different cultural and religious needs.

People were supported maintain their independence. People's records were securely stored to protect their confidentiality.

Is the service responsive?

Good

The service was responsive

Staff knew people and their preferences well. People's choices were recorded, reviewed and kept up to date. Some records were not consistently updated which had minimal impact on people because staff knew them well.

People received the care and support they needed and the staff were responsive to their needs. People were involved in a range of activities each day when they chose to.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

Is the service well-led?

Requires Improvement

The service was well-led

The registered manager had not consistently notified CQC in line with guidance of important events at the service.

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People, staff and health professionals were positive about the leadership at the service.

Highland 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.

The inspection took place on 30 June 2016 and was unannounced. This inspection was carried out by two inspectors. Before the inspection the provider completed a detailed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We met more than ten people living at the service. We spoke with members of the care, domestic and kitchen staff, the assistant manager, one of the directors and the registered manager. During our inspection we observed how the staff spoke with and engaged with people. We spoke with two health professionals and three relatives.

Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans. We looked at a range of other records, including safety checks, policies, three staff files and records about how the quality of the service was managed.

We last inspected Highland House in October 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Highland House. People said, "I am safe" and "I feel very safe here". A relative said, "[My loved one] is safe here". People said there were always enough staff. Staff said there were sufficient staff throughout the day and night to provide the care and support needed. The registered manager commented, "We have put a lot of effort into recruiting and retaining staff who deliver high quality care".

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. Staff made sure people had information about risks and supported them in their choices so that they had as much control and autonomy as possible.

People were protected against the risks of potential abuse and benefited from living in a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people and this was confirmed by the training records we looked at. Staff knew the correct procedures to follow should they suspect abuse. Staff said, "I would report any concern to the manager" and "I would speak to the manager first and talk to the local authority if I needed to".

Risk assessments detailed potential risks and gave staff guidance on what control measures could be used to reduce risks and keep people safe. Risk assessments were updated as changes occurred and were regularly reviewed to make sure they were kept up to date. When people had difficulty in moving around the service there was information for staff about what each person could do independently. Guidance included what support they needed, how many staff were needed to support them safely and any specialist equipment they needed to help them stay as independent as possible. Special equipment, such as hoists, were regularly checked and maintained to make sure they were safe for people to use.

Some people were at risk of developing pressure ulcers. Actions were taken to prevent pressure ulcers by using barrier creams and providing people with air mattresses and profiling beds. Staff regularly repositioned people in bed to reduce the risk of them developing pressure ulcers. This was clearly recorded. During the inspection people who needed them sat on pressure cushions. Staff had a good knowledge of how to prevent pressure ulcers and how to recognise changes in people's skin. Staff took the appropriate action when they noticed any deterioration in people's skin and contacted the community nurses for advice. A visiting health professional commented, "The staff are excellent at noticing signs of deterioration and contact us when they need to".

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager and they raised concerns with the relevant authorities in line with guidance. The registered manager monitored and

reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified they referred people to other health professionals to minimise risks of further incidents and keep people safe. The registered manager discussed incidents with staff and used them as a learning opportunity to reduce the risk of incidents reoccurring.

There were enough staff on duty to meet people's needs and keep them safe. People told us there were staff there when they needed them. One person commented, "There are plenty of staff". A relative told us, "There are always enough staff. It is a very good ratio". A visiting health professional said, "Whenever I visit there are always lots of staff and none of them are rushed". When people approached staff, during the inspection, staff had time to sit with them. The duty rota showed that there were consistent numbers of staff working at the service. Staffing was planned around people's needs and any support they needed for appointments. There were plans in place to cover shortfalls, such as, sickness.

The registered manager regularly reviewed the staffing levels, and increased the numbers when necessary, to make sure people had the support they needed. For example, the registered manager had noted on the Provider Information Return 'We increased our staffing levels between 07:00 and 08:00. This enables a smoother transition between the night and the morning shifts, enabling staff to maintain a high level of personal care'. One member of staff commented, "The additional staff first thing in the morning made a big difference".

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in people's employment were discussed during interview. References were obtained, including from the last employer, and telephone confirmation of references was also completed by the registered manager. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were well organised and included proof of identity.

People said staff supported them to make sure they received their medicines safely and on time. People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. The registered manager completed medicines competency assessments to make sure staff remained confident and competent to support people with their medicines. Medicines were stored in a locked room and were administered from a medicines trolley. Medicines trolleys were securely stored when not in use. The medicines trolleys were clean, tidy and not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date.

Some medicines had specific procedures with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Room temperatures were checked and when medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Staff made sure people had taken their medicine before they signed the medicines administration record (MAR). One person had been prescribed antibiotics four times a day and the MAR noted 'one hour before or two hours after food'. The standard times on the MAR were 09:00, 13:00, 17:00 and 21:00. We asked the registered manager to confirm what times the medicines had been given to ensure the guidance had been followed. They were unable to confirm that the medicines had been given before or after food and in line with the prescription. There was a risk that the person had not received their medicines as prescribed. The registered manager took action to make sure staff knew how to correctly document the administration of

medicines in such a situation and reduce the risk of this happening again. They updated the guidance for staff to read, 'In such cases administrators of medication are to input 'O' (Other) on the MAR and write down what time it was administered on the back of the MAR to ensure that it does not conflict with meals'.

Some people were prescribed medicines to take now and again on a 'when needed' basis. There were guidelines for staff to follow about when to give these medicines and these were reviewed each month by the registered manager. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People and staff knew how to leave the building in the case of an emergency. Staff told us there were regular fire alarm tests and also practice fire drills. This was confirmed in records of staff meetings. Each person had a personal emergency evacuation plan (PEEP) in place; however these had not been consistently completed and did not contain all the relevant information. This was an area for improvement. A PEEP sets out the specific physical and communication requirements that each person has to ensure that people could be safely evacuated from the service in the event of an emergency. A business continuity plan contained plans in the event of a major incident, such as, an electrical failure, a gas leak or flooding.

Standards of hygiene and cleanliness were excellent and the service smelled fresh and free from odours. The provider had invested in a sanitiser system – this was a non-chemical disinfection and odour control system. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. The laundry rooms were well organised and there were separate rooms for clean and dirty clothing. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were clean and tidy and well maintained.

Good

Is the service effective?

Our findings

People said the staff were knowledgeable and efficient at their jobs. They had confidence in the staff. People said, "Staff were very reassuring when I had a fall and went to hospital" and "Staff are always extremely positive. They are very good". A relative said, "The staff have the skills and knowledge". Staff spoke about people with a good knowledge and understanding of their health needs and also their personal life histories. The atmosphere in the service was happy, friendly and relaxed.

Staff completed an in-depth induction when they started working at the service. They shadowed experienced staff, for up to three weeks, to get to know people, their routines and their preferences. An extensive training programme was in place and new staff quickly obtained the basic skills they needed to carry out their roles effectively. Staff completed face to face training and completed some on-line. Staff told us what training they had undertaken and this matched the information on the training schedule held by the registered manager. Training was closely monitored to make sure refresher courses were booked on time. Training courses were relevant to the care needs of people and included dementia awareness, stroke awareness and diabetes.

The registered manager encouraged and supported staff to develop their skills further. Staff told us they had acquired or were working on level 2 or 3 qualifications in social care. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life.

Staff told us they had one to one meetings with the registered manager and an annual appraisal. The registered manager said staff were very open and did not wait until a one to one meeting if they had a concern. Staff commented that they felt supported by the registered manager and assistant manager and confirmed they discussed issues as they arose. These meetings were planned in advance so that staff could prepare and this enabled the registered manager to track the progress towards the staff member's objectives. Staff progress towards changing their practice following any concerns was also discussed. The registered manager identified staff who were not able to provide the service to the standard they required and followed the provider's disciplinary process when needed.

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 so that they can 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. Some people were subjects of authorised DoLS to ensure any restrictions imposed were lawful. The registered manager understood their responsibilities under the MCA to submit applications to the 'supervisory body' for a DoLS authorisation when needed. The registered

manager sought advice from external health professionals and had completed applications for DoLS in line with guidance.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. When people were not able to give consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training and understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected. The registered manager discussed the principles of the MCA with staff at staff meetings and talked through different scenarios to make sure they all understood how to incorporate the MCA into people's care.

People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest.

Some people had made advanced decisions, such as, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). This was documented in people's care plans so that the person's wishes could be acted on. The registered manager told us they continued to discuss these wishes with people to make sure it was still what they wanted.

People were provided with a choice of healthy food that they liked. They spoke positively about the food. People chose where they wanted to eat their meals and most people ate together in the dining room. Meal times were social occasions and were very relaxed with people and staff chatting with each other. The tables were neatly set out with tablecloths, tablemats and condiments. Each table had flowers on. A large board showing the day's menu choices, including a vegetarian option, was displayed. A four week menu was in place. The registered manager told us that people had "plenty of input" into the menu and that their choices and suggestions were noted at residents meetings and also if they told staff they would like a specific dish. A recent survey had noted 'Trial item slow cooked brisket – compliments to the chef'. Food looked appetising and people ate well. Staff were very attentive during meal times, chatted with people and made sure they had everything they needed.

Staff told us how they managed people's nutritional requirements. They knew people's particular food likes and dislikes and explained that when people had specific dietary requirements they were taken into account. Minutes of a recent catering staff meeting confirmed that preferences were noted and actioned. No-one was on a 'soft diet', however, staff told us when people needed this then each food item was pureed separately and well-presented so people could see and taste the individual foods. Staff monitored people's weight and, when needed, contacted specialist health professionals, such as, dieticians and speech and language therapists. Staff told us that sometimes people needed a fortified diet and they made sure people had their meals fortified with full fat milk, cheese and other high fat products. The registered manager told us that nobody had any swallowing difficulties, known as dysphagia, but recognised this could happen if someone was unwell or if their health conditions deteriorated. They had arranged for staff to complete dysphagia training to make sure staff knew how to manage if this happened.

People were supported to maintain good health and the registered manager and staff worked closely with

health professionals. Staff noted in people's care plans when health professionals were involved. Visiting health professionals spoke very positively about the management, staff and quality of care delivered. A visiting health professional commented, "The managers are fantastic. The staff are excellent". A relative commented, "Staff observed that [our loved one] had lost some weight. They contacted the GP and referred them to a dietician. They have dealt with it without our intervention and kept us in the loop".

The design and layout of the service was suitable for people's needs. The building and grounds were very well maintained. All the rooms were clean and spacious. Lounge areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. People were encouraged to make their rooms homely by taking in personal items.

The service was very light, bright and airy. The provider had invested in special windows and light tunnels. These are a way of reducing darkness in rooms with no natural light. They capture rays of light in the roof and transport them through a highly reflective tube into the windowless room. A relative commented, "They have made a huge difference in the time they [management team] have been here. The environment, the design of everything and the cleanliness".

There were large clocks and the day and date was displayed in the service. There was minimal signage in the service to support people to maintain their independence for as long as possible. More than ten people were living with dementia and during our inspection people were sometimes disorientated. On one occasion a person was saying they were lost and the registered manager supported them to go where they wanted. One relative commented, "Our concern is that [our loved one's] dementia deteriorates so much they have to leave here". We recommend that the provider seeks advice from a reputable source in relation to signage for the specialist needs of people living with dementia.

Good

Is the service caring?

Our findings

People told us they were happy living at Highland House. People said, "I am very happy with the care. Staff treat people as individuals and communicate very well", "I am happy here. My family visit me", and, "They [staff] do a great job". People were smiling, looked happy and relaxed with each other and with staff. Feedback received from relatives noted, 'Gave fantastic personal caring care' and 'May we say a big thank you and offer our appreciation to you and your staff for the kindness and care shown to [our loved one]'. A visiting health professional commented, "I have no concerns over the standards of care. I would put my relative here".

People received care and support that was individual to them. People were involved, as far as possible, in the planning of their care and making decisions about the levels of support they needed. The emphasis of giving people choices was reflected in the way people's care plans were written. For example, the registered manager had implemented a 'What the carer says' record to the care plans. This was completed by care staff and gave staff an insight of what big and little touches made a difference to people. This was put in place following a discussion with a person, their loved one and a psychiatrist. The person had commented that they had a level of anxiety since moving to the service and added that, when they shaved, they used to start on the right hand side of their face. Care staff were told of this and followed this preference which reduced the person's level of anxiety. Staff actively involved people in their care. Staff explained what was going to happen before they provided support and continued to explain when supporting people.

The management team and staff had built strong relationships with people and their loved ones. Staff knew people well and understood their preferences, needs, likes and dislikes. Staff spoke with people in a professional, kind and respectful way that included checking that people were happy and having their needs met. People were asked what time they preferred to get up and go to bed and their preference was recorded. People felt listened to with regard to their preferences. A member of staff had the lead role of 'personalisation champion'. They made sure that people had a detailed record of their life story and, when needed, obtained additional information from relatives to gain insight into the person's life prior to moving to Highland House. This helped staff get to know people and the people and things that were important to them.

Some people had family members to support them when they needed to make complex decisions about their care, such as, undergoing major dental or hospital treatment. Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Staff spoke with people in a sensitive, professional and respectful way. Staff made eye contact with people when they were speaking with them. Staff chatted to people when passing by and held people's hands to reassure them. Staff understood people and responded to each person to meet their needs in a caring, considerate and compassionate way. Staff listened to people, were patient and allowed people time to respond.

People were able to be as independent as they wanted to be. When needed, people were provided with adapted plates, cups and cutlery which helped people maintain their independence. People moved freely around the service and could choose whether to spend time in their room or in communal areas. When people chose to spend time in their bedroom or in a quiet area of the service staff respected their privacy. Staff checked on people from time to time to see if they needed anything.

People said they had friends and relatives visit and that there were no restrictions on times they could visit. During the inspection people's families visited.

Staff said they enjoyed working at Highland House and that they thought people received excellent care. Many staff had been working at the service for a number of years. The registered manager and assistant manager worked alongside the staff and continuously monitored staff practice to ensure a positive and respectful approach was sustained. The registered manager and staff spoke about people with warmth, compassion and a genuine concern for their well-being.

People told us they were treated with respect and their privacy and dignity was promoted. Staff gave us various examples of how they promoted people's dignity, such as, knocking on people's doors and making sure people were covered up during personal care. People's confidentiality was respected; conversations about people's care were held privately and care records were stored securely. Care plans and associated risk assessments were located promptly when we asked to see them.

People's preferences and choices for their end of life care were clearly recorded and kept under review. People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy when requested. Staff worked closely with the local GP surgery and community nurses to make sure people were supported to have a comfortable, dignified and pain free death. Staff told us they also supported and comforted people's families and friends at this difficult time.

Good

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. Staff had developed positive relationships with people and their friends and families. A relative commented, "Nothing is too much trouble. The staff always make you feel welcome". People were relaxed in the company of each other and staff. Staff kept relatives up to date with any changes in their loved one's health. A relative had posted on a care homes website, 'This is a lovely clean home with very friendly staff. Nothing is too much trouble. [My loved one] was bed ridden but they turned them regularly and kept them clean. They [staff] turned their bed so that they could see the birds etc. The proprietors were involved with the home and knew the patients needs'.

People told us they had met with the registered manager and health professionals before they moved to Highland House. The care plans we reviewed showed that a detailed pre-assessment was completed when a person was thinking about using the service. This was used so that the provider could check whether they could meet people's needs or not. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way they preferred.

People, and their relatives with people's permission, were involved in developing their care, support and treatment plans. Care plans were personalised and contained detailed daily routines specific to each person. Staff had guidance to follow and were able to tell us how they followed this closely because they knew people well. A visiting health professional commented, "There have been great changes since [the providers] took over, not only in the cosmetics which are very nice. There is a great atmosphere. The carers are very caring and any suggestions I have made have been acted on".

Care plans contained information about what was important to the person, such as their likes and dislikes, life histories and any preferred routines. Relationships with people's families and friends were supported and encouraged. People were encouraged to be as independent as possible. For example, people walked to the post box nearby to submit their electoral cards. Staff had a good knowledge of the people they supported. Care plans included details about people's health needs and risk assessments were in place and applicable for each person.

When people's needs changed the care plans were not consistently updated to reflect this so that staff had up to date guidance on how to provide the right support and care. For example, on one person's care plan staff had noted a referral to the community nursing team had been made. This was not dated and there had not been any further entry to indicate the outcome. Another care plan had noted in the communication section, 'Unable to respond appropriately – try hand gestures / communication cards'. A further note in February 2016 had been added 'X is unable to make complete sentences. Staff to use picture cards or write your message on some paper'. We asked to see the picture and communication cards. The registered manager told us that they were not used by anyone and that the care plan should have been updated to that effect. This did not impact on the individual because staff knew people well but was an area for improvement.

People told us staff responded quickly if they pressed their call bell. During the inspection the call bells were answered promptly. The provider had installed a call system and updated it by adding a pager system. Staff all carried a pager so that rather than having to go to the central call panel they could see who needed assistance and where they were located. The Provider Information Return noted, 'This will make the service more responsive to assistance calls from our residents'. Staff told us the system worked well.

Referrals to health professionals were made when needed, for example, to speech and language therapists, dieticians and community nurses. When guidance or advice had been given staff followed this in practice.

People were encouraged to continue with their hobbies and interests. The sensory garden at the rear of the service had been specifically designed for the residents and included chairs, sunshades, topiary and raised flower beds. People and staff told us they had been involved in planting in the flower beds. The registered manager showed us many photographs of people enjoying gardening. The provider employed a gardener who encouraged people to help with the gardening.

People were supported to keep occupied and there was a range of meaningful activities available, on a one to one and a group basis. Staff chatted to people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. People enjoyed some rousing singing during our inspection and were happy, clapping and smiling. People told us about 'the duckling experience'. The registered manager had arranged for duck eggs and an incubator to be delivered and people had the opportunity to watch them hatch over a few days. Staff said people had sat in the garden and enjoyed watching the ducklings in a paddling pool. Records of a recent residents meeting confirmed people had been involved and were made aware of the schedule. It also noted, 'Encouraged their families in and bring small children'.

The registered manager told us people had talked, in a recent residents meeting, about the possibility of getting rabbits. Minutes of the meeting confirmed some people thought this was a good idea and that others liked the idea of having rabbit pie on the menu! The registered manager commented that they hoped, in time, to be able to have pet rabbits and also chickens. They had also spoken to the catering staff about people's menu ideas and this was being looked into. Staff had noted on the meeting minutes, 'Topic of rabbits focused on experiences during childhood where rabbits were kept for food. Some fathers / husbands were rabbiters'.

People said, "There is often something going on. We have chair exercises and sing a lot"; "I would like more outings and more books to read" and "Would like audio books, dvds and more one to one time". A relative told us their loved one had recently enjoyed a garden party at the service.

People and their relatives told us that they knew how to complain. They said if they had concerns that they would speak to any member of staff and knew that they would be listened to and their concerns would be acted on. The complaints procedure was discussed with people when they moved into the service. Staff reminded people about how to complain and checked if they had any concerns during regular residents meetings. There were notices explaining how to complain displayed in the service. The provider had a policy which gave staff guidance on how to handle complaints and all complaints received had been investigated and responded to appropriately. When compliments were received the registered manager made sure that all the staff were aware. They followed the provider's policy and procedures to make sure it was handled correctly. Action was taken to rectify complaints when needed.

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People, their relatives and visiting health professionals commented that they did not have any complaints

about the service or the support they received from the staff. The registered manager and staff encouraged people to share their views, opinions and ideas on the running of the service. A grey metal box which people could put anonymous feedback in was by the main noticeboard. This did not have a sign on to remind people or let visitors know what it was. We discussed this with the registered manager and they arranged for a sign to be put on it.

A 'you said / we did' board was displayed in the service and staff told us this was regularly updated. It noted, 'You said – you wanted movement or a view in common areas. We did – come and see our new bubble wall in the garden room'. A bubble wall is a self-contained water wall that emits different colours.

Requires Improvement

Is the service well-led?

Our findings

The registered manager understood their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager had not consistently notified CQC in line with guidance. For example, there had been a number of reportable incidents which had been completed retrospectively and sent to CQC so there had been a delay in reporting.

The registered manager had failed to notify CQC of reportable events in line with guidance and without delay. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People knew the staff and management team by name. Staff wore a uniform and a name badge. People and their relatives told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. People, their relatives and visiting health professionals told us that they felt the service was well-led and that they could rely on the staff to help and support them. A relative commented, "I looked at many homes. It was the professionalism and feeling of integrity and organisation I got that made the difference".

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager had systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. People, their relatives and health professionals had taken part in questionnaires about the quality of the service delivered. These were analysed by the registered manager to see if any actions were needed.

The registered manager had noted on the Provider Information Return, 'Since purchasing Highland House in 2013 we have focused our leadership not only to transform the building but also the staff culture. We emphasise people management that is person centred, supportive, open honest, inclusive and non-discriminatory'. A visiting health professional had commented on a care home website, 'Highland House has undergone such an amazing transformation not only in terms of the building but also the care given to residents and the professional manner in which the home is run'.

The registered manager and one of the directors spoke passionately about the 'significant investments to drive improvements' and their desire to provide high quality and compassionate care. The management team actively looked for creative and innovative ways to develop the service. Staff were clear about the aims and visions of the service. The registered manager was visible and had an 'open door' ethos. There was a clear and open dialogue between the people, staff and registered manager. Staff and the registered manager spoke with each other and with people in a respectful and kind way. The registered manager knew people well, was sensitive and compassionate and had a real understanding of the people they cared for. They monitored staff on an informal basis and worked with them each day as a cohesive team to ensure they maintained oversight of the day to day running of the service.

Regular residents meetings were held to give people the opportunity to make any suggestions. People's families were invited to meetings so the registered manager was able to receive additional feedback on the quality of care provided by them and their staff team. People were kept up to date with important events. For example, they were reminded by staff about the EU referendum. Staff arranged postal voting for people and reminded people about the voting process.

Staff told us they were able to give honest views, discuss any issues or concerns that they had and that the registered manager listened and responded. Staff told us they felt valued and supported by the management team. Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues discussed. Meetings were held at a time when both day and night staff could attend. Separate meetings were held for catering staff and also for domestic staff. Records of the meetings confirmed staff were able to make suggestions or raise concerns and reflected a transparent and open culture.

Staff were clear about what was expected of them and their roles and responsibilities. Staff took on the responsibility of 'champion' which were lead roles in things, such as, oral health. This aided staff's personal development and benefitted the whole staff team by furthering their knowledge. Staff told us that there was good communication between the team and they worked closely together to make sure people received the support they wanted and needed. There were detailed handovers between shifts to make sure staff had all the information they needed. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they could raise concerns with the registered manager and that action would be taken.

The registered manager and staff worked closely with key organisations and health professionals to support care provisions and to promote joined up care. These included local GPs and community nurses. Staff had signed up to the Social Care Commitment. This is a Department of Health initiative and is the adult social care sector's promise to provide people who need care and support with high quality services.

When we asked for any information it was immediately available. Records were very organised and stored securely to protect people's confidentiality. There was a system in place to monitor the quality of service people received. Detailed analysis was completed to make sure the call bells were responded to in a timely manner. Regular quality checks were completed on key things, such as, fire safety equipment, hot water temperatures, hoists, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.