Barchester Healthcare Homes Limited

Highfield

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

This inspection took place on 20 January 2016 and was unannounced. The last inspection was carried out in December 2013 when the service was found to be meeting the Regulations assessed.

Highfield provides accommodation with nursing and personal care for up to 55 older people, some of whom are living with dementia. The service is split in to two units with nursing care provided on the ground floor and dementia care on the 1st floor. The home is located near the village of Barkston Ash, approximately five miles from Tadcaster, in North Yorkshire. It is a two-storey building, set in it's own extensive grounds, with a view of a lake and wooded areas for people to enjoy. Highfield currently provides a service to 37 people.

There was a registered manager in post at the time of our inspection. 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 told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. There were good systems in place to make sure that people were supported to take medicines safely and as prescribed. Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were enough staff on duty to make sure people's needs were met. Recruitment procedures made sure staff had the required skills and were of suitable character and background.

Staff told us they enjoyed working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. The registered manager had taken appropriate action for those people for whom restricted movement was a concern. There was a lack of clear information in people's care records about mental capacity and how people could be supported to make decisions. We made a recommendation about this.

People told us that staff were caring and that their privacy and dignity were respected. Care plans were being developed to be more person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and had access to health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people

received. People had opportunities to make comments about the service and how it could be improved.

There were effective management arrangements in place. The registered manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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.

There was safe management of medicines which meant people were protected against the associated risks.

Staff were confident about using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that staff were of suitable character and background.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed where people's freedom of movement was restricted.

People were supported to maintain good health and were supported to access relevant services such as a doctor or other professionals as needed.

Is the service caring?

Good

The service was caring.

People told us that they were looked after by caring staff.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect whilst being supported with personal care.

Is the service responsive?

Good

The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who had good oversight of the service. Staff told us that management was supportive.

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

Highfield

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 20 January 2016 and was unannounced. The inspection was carried out by one inspector and a specialist advisor in nursing.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR 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.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a community care service. This included three recruitment records, the staff rota, notifications and records of meetings.

We spoke with eight people who received a service and five visiting relatives. We met with the registered manager, regional manager and deputy manager. We also spoke with one nurse, four care staff, the activity coordinator and a volunteer. After the inspection we spoke with a doctor who regularly visited the service.

Good

Is the service safe?

Our findings

People told us that they were safe at the service and staff treated them well. One person said "I feel safe" and another person told us "I feel safe when I am being hoisted". We noted that in the nursing unit a number of people did not have their call bells near to them whilst they were in bed. We discussed this with the nurse on duty who told us that this was because they were unable to use the call system and instead they had hourly checks. We checked the daily records for three people and these confirmed that hourly checks did happen. In the dementia unit one person told us that they had a call bell as well as an emergency alarm. They confirmed that when the emergency alarm was pressed "Staff came running straight away".

Staff had received training in safeguarding people, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Records showed that any incidents or accidents were logged and appropriate action taken. Where required, care plans and risk assessments had been updated following management review of incidents. CQC were notified about incidents or safeguarding alerts as required.

People's care plans included details of risks and there was clear information for staff about how to minimise risks and safely support people. Up to date risk assessments were in place regarding areas such as personal care and mobility. Risks related to moving and handling, skin integrity and nutrition were clearly written and reviewed as appropriate.

All parts of the building were well maintained and the environment was clean and clutter free. They were up to date risk assessments in place for the environment. These included fire safety, slips and trips and hazardous substances. A fire risk assessment was completed in May 2015 and we noted that any actions required from this had been completed.

There were sufficient numbers of staff to meet people's needs safely. There were separate team of staff for the nursing and dementia units. We were initially concerned that there was one nurse on duty to provide support to 26 people who had nursing needs. The nurse was usually supported by three carers. In addition to the team of nurses and care staff there were ancillary staff such as cooks, cleaners and a maintenance person.

We spoke with the nurse on duty who had worked at the home for over 10 years. They explained that although some of the residents had complex health issues they were generally stable and required more social care than nursing care. The nurse felt confident that they were able to provide good care for all the people although stated that it was "A lot to do for one nurse". They added that there was "More time on a weekend" when doctors and other professionals were not visiting. A visiting relative told us this nurse was "Very well organised". Staff and the people we spoke with raised no issues about staffing levels when we asked them. We found that people received the care and support they required and nursing tasks were completed as appropriate.

A staffing dependency tool was used to make sure staffing levels were safe and sufficient to meet the needs of people who used the service. The registered manager explained that this was reviewed each month and whenever there was a new admission.

The service was currently trying to recruit more permanent nurses and in the meantime made use of agency staff to cover absence and gaps in the rota. We asked the nurse on duty how they felt agency staff managed with the needs of the people who used the service. They explained that they used regular agency staff and provided them with a summary sheet about each person which was regularly updated. This helped to make sure agency staff were well informed and knew the people they were supporting.

Recruitment records showed that robust checks were carried out before new staff were able to start work. Records held evidence of a criminal records background check, references and proof of identification. There was also a copy of the application form, contract and job description. New staff completed a probation period to monitor how they were getting on and that they were managing in their new role. The service monitored the dates of nurse's registration with the National Midwifery Council to make sure it was up to date and current.

Most people who used the service were unable to take their own medicines and relied on staff to make sure they took their medicines as prescribed. This is called medicine administration. Each person who needed their medicine to be administered by staff had a medication administration record (MAR). MAR charts showed each medicine to be taken as well as the dose and time of day. All had photographs and a note of any allergies. There was a lack of detail about how people preferred to take their medicines and it would be good practice to include this. Overall we found that MAR charts were completed accurately and as appropriate. MAR charts were regularly checked and audited by management to identify if there had been any errors. Records showed that where errors had been identified, appropriate action had been taken.

Some medicines needed to be stored and managed in a particular way. These were called controlled drugs (CDs). We found the storage of CDs was safe and all medicines were accounted for and recorded correctly.

Some people needed 'as required' medicines to help with pain relief. We asked the nurse on duty how they monitored pain and they told us they verbally asked residents. We observed the nurse do this with one person who was due a pain relieving medicine after lunch. We were told that the service did not use pain charts, which would help monitor the effectiveness of peoples' medicines and ensure they were receiving adequate pain relief.

We observed the administration of medicine to three people in their rooms. The nurse washed their hands before administration, gained consent from the person and offered a drink to help them swallow. MAR charts were signed after administration, which is good practice.

Although medicines were stored safely we found that the medicines room was not well cleaned and there were no paper towels in place for when staff washed their hands. We spoke with the registered manager about this who said they would act on this to make improvements.

Good

Is the service effective?

Our findings

Staff received the support they needed to provide effective care. The staff we spoke with told us they felt supported and that there was good teamwork. Staff feedback included "I enjoy it. I feel supported. It's a nice home to work for", "I love the work. I wouldn't change it. We have a good connection with residents" and "I have never been so happy. I have a manager that supports me and lets me get on with it. If there is an issue we discuss it".

We noted that two members of staff had recently won an internal award, one for their work in the dementia unit and one for the development of activities. This demonstrated that best practice was recognised by the organisation.

Staff received regular supervisions where they could discuss any issues in a confidential meeting with the manager. We noted that recent supervisions had been used to remind staff about policies and procedures rather than involving a discussion about progress and development. We spoke with the registered manager about this who told us that they were trying to improve the culture of supervision. They explained "I have discussed with seniors the need for supervisions to be a conversation and allowing the time to do this. I am looking into providing seniors supervision training. I will also be supervising all seniors to set an example".

There were regular team meetings where the team could share information and discuss issues together. There was also a daily 'stand up' meeting where the whole team, including ancillary staff got together at the beginning of the day for a discussion.

Staff told us they got the training they needed. Records showed that training was provided in key areas such as infection control, dementia awareness and medicines management. This was refreshed as needed. The registered manager told us that they had recently recruited a new training manager at the service but in the absence of someone being in this post they had joined in with training at other services. New staff members received a suitable induction when they started working at the service. This included two to three weeks shadowing other staff and attending key training sessions.

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.

The registered manager and staff were aware of the principles of the MCA and DoLS procedures. DoLS referrals and authorisations had been made as required. We found examples of best interest meetings being held where people were unable to make decisions for themselves. However, there was a lack of clear information in people's care records about mental capacity and how people could be supported to make decisions. We discussed this with the registered manager who agreed that improvements could be made.

We recommend that care plans are updated to include all relevant information about people's capacity to make decisions and the action to be taken where there was doubt about a person's ability to consent to care and treatment.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as a doctor, dentist and district nurse. People living with dementia received support through specialist teams and had access to a social worker. We spoke with a doctor who visited the service regularly.

We looked at the management of skin conditions such as pressure sores. One person had a repeated history of pressures sores to one area on their body. This was well documented in their care records. The documentation and care plan included instructions from a Tissue Viability Nurse and doctor, which were being followed. Dated photographs of the sore area were included in their care plan, which is good practice. There was no evidence of wound measurements being regularly undertaken by staff to help assess that the treatment was effective, however overall the condition was well managed. We found that there was a good standard of nursing care and care plans and nursing monitoring charts were up to date and completed as necessary.

People were supported to have sufficient amounts of food and drink to maintain their health and well-being. Where there were concerns about weight or food intake, support was being provided by the local Speech and Language Therapy (SALT) Team. Care plans contained clear guidance about the support required and any monitoring charts were filled in as required. The chef was aware of people's needs and there was a list in the kitchen which showed those people currently on special diets such as soft or pureed food. The menu for each day included relevant allergy advice. Food was available on demand and the menu was flexible to meet the needs and requests of individuals.

We observed a lunchtime meal in the dementia unit. There was a pleasant atmosphere with relaxing music played in the background. Tables were nicely laid and people used cloth napkins, which promoted their dignity. People were offered a choice of meals and those people who required assistance were supported by friendly and attentive staff. For example one person said they were not hungry but they were gently encouraged by a staff member who said they would come back later to see if they had changed their mind. One member of staff told us "We give people time to eat and encourage them to assist themselves, such as pouring their own drinks". We noted that care staff ate their lunch with people which added to the sociable atmosphere.

We observed one person being assisted with lunch in their room. They had a pureed meal which was attractively presented. The member of staff assisting them explained what the meal was and offered drinks through a straw. The carer was chatty and friendly throughout.

There was squash and water available in the lounge and people told us they were offered hot drinks regularly throughout the day. We saw a drinks trolley going round the service in the morning and afternoon and noted that people were offered plenty of snacks such as cake and biscuits with their beverage.

Good

Is the service caring?

Our findings

The service was caring and staff demonstrated compassion and warmth.

We received a lot of comments from people telling us that it was a caring service. These included "Staff are absolutely marvellous helping people in need. I can't fault them at all", "The care is really nice. Staff are nice and friendly. I have been made to feel comfortable" and "Staff are friendly and you can have a nice chat". Visitors also made positive comments about the service. One relative of a recently admitted person told us "The home has been very warm and welcoming". Another relative explained "My [relative] has been here five years. I think they (staff) are very good. The care has been good. It's improved over the years. All staff are very approachable, including the cleaners".

The staff we spoke with confirmed there was a caring approach in the service. One member of staff told us "I would have any member of my family here". A volunteer at the service commented "I think it is quite good as a nursing home…Staff are very good now". We spoke with a doctor after the inspection who said "Warmth – they are doing it right".

We spoke with one member of staff who described how they cared for people. They explained how they took people out into the garden and to the Catholic church in the grounds stating "It's nice to take people out for some fresh air". They added that they always introduced themselves, offered choices and asked people what they wanted. They said they liked to help new people make the transition to make their stay pleasant.

Some of the people who used the service were living with dementia and we saw staff being attentive, patient and kind to the people they were supporting. Staff were tactile and affectionate where appropriate and people seemed to respond to well to this.

We observed a number of occasions where staff were friendly and sociable with people who used the service. For example we saw a staff member ask a person if they would come and sit with them and have a cup of tea as they were on their break. They chatted together in what appeared a natural and normal event. We also observed another staff member sitting in the lounge with a person enjoying a cup of tea and cake. Overall, care staff displayed a warm and relaxed attitude with people.

People said that their privacy was maintained and that staff treated them with respect and dignity. One person told us "Privacy is definitely respected. They knock before coming into my room or bathroom" and added "All the people here. They are beautifully dressed and clean". A volunteer at the service commented "Respect and dignity are promoted". We observed that personal care was carried out behind closed doors and staff knocked before entering people's rooms. All the people we met on our visit were appropriately dressed and it was clear that staff had supported people to maintain their appearance.

Staff took time to involve people in any care and support and respected the choices people made. One person said "I get up and go to bed when I want" and another told us "I choose to have breakfast in my room. They (staff) ask people what they want. They do everything possible to help you". A staff member

commented "We promote choice and encourage people to do their own thing". In the dementia unit we observed people being encouraged to do things such as take part in activities. However, if people said they did not want to join in this was respected and they were allowed to do their own thing.

There were occasional resident/relative meetings where people had the opportunity to ask questions and hear about developments in the service. Relatives confirmed they were invited to attend these. We asked one person if they attended the meetings and they explained they did not want to and this was respected.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. We noted that North Yorkshire County Council had carried out a monitoring visit in December 2015 and had highlighted that care plans required more personalisation. The registered manager told us that work on this was ongoing and all people's care plans were being rewritten. Care records showed that this was happening and a number of people had 'This is me' documents which described their background and character.

The care plans we looked at were up to date and reviewed as necessary. Areas covered included health, nursing needs, mobility, personal care and medicines. There was a clear picture of people's needs and how they were to be met. Staff members told us that care plans contained sufficient detail to provide effective and responsive care. People and their relatives were involved in assessments and reviews and the service took appropriate action where changes in needs were identified. One person told us "They talked about my needs when I moved in" and a relative explained "The manager visited for an assessment. They were very professional. We came for a tea visit with mum. It was a very positive experience". Another relative told us "A senior rang me to discuss changes with mum's health. They keep us informed. I have regular meetings with management. I'm asked for views and suggestions with the care plan. We have a six monthly review. The home is happy to involve us in all aspects".

There was comprehensive information in care plans about people's nursing needs and the support required. For those people that received end of life care there were frequent reviews of care plans to make sure that any changes in needs were identified and responded to promptly. Where people's mobility had deteriorated and they needed particular equipment to assist them we found the service had acted swiftly to get the equipment needed.

The home provided a range of activities, many of which were arranged following feedback from people who used the service. We spoke with the activity coordinator who was passionate and enthusiastic about their work. They told us "I do anything that the residents want. I go to both floors. It's about what the residents want to do. I have a meeting each week with residents to talk about what they want". They described some of the activities they carried out which included music therapy and games, such as scrabble. They also carried out small tasks for people such as getting newspapers and shopping. In order to prevent people who stayed in their room from feeling isolated, the activity coordinator spent time having one to one chats when possible. We observed a fun exercise activity which took place in the dementia unit with music and umbrellas. People appeared to enjoy this and those that did not want to take part were able to sit and watch.

The activity coordinator told us they celebrated all the yearly festivals and described some of the individual support they provided which included taking one person to a wedding and another person to a Women's Institute anniversary. We also spoke with a volunteer at the service who described how they spent time chatting with people and supported with trips out in the minibus once a week. We noted that a hairdresser

visited the service each week and we observed people making use of this service on the day of our inspection.

People told us they knew how to complain and felt comfortable speaking to staff or the manager if necessary. Comments from people included "If I had a complaint I would speak to carers. I have not had to make a complaint" and "I can't complain about anything". We saw that complaints information was displayed on noticeboards. The registered manager also held a weekly 'surgery' where anyone could come and discuss any concerns or issues they had. The record of complaints showed no complaints recorded in the last year. However, there was a clear procedure to deal with complaints should any be received. This included timescales for responding and the need to keep a clear record of how the complaint was resolved.

Good

Is the service well-led?

Our findings

The registered manager had been in post since November 2014. They spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. They were aware of areas of practice that could be improved and had taken action to make changes since starting at the service. They described the last year as "Challenging" due to there being a number of staff changes both in the service and organisationally. They described some of the improvements made and explained, "I have asked staff to eat their meals with residents, focussed on improving personalisation in the nursing unit and started training in person centred planning. We also have a new maintenance manager, new deputy and new head of dementia". They had also introduced a new sickness reporting procedure and said that absence had since improved.

We received positive comments about the registered manager from staff and relatives. A staff member told us "The manager is excellent. I can go to her for anything. A visiting relative commented "The new manager is very welcoming. I often see her about the home talking to people. I feel she is finding her feet. She has fought hard to make improvements". One member of staff in the dementia unit said "We are always trying to improve the environment. Residents have noticed the improvements. In the last year a lot of things have changed for the good".

There was a positive, caring culture at the service. Staff demonstrated a commitment to providing care in line with the values of the service. Barchester Healthcare had a mission statement which made the values of the organisation clear, such as ""We focus on an individual's ability and aspirations" and "We respect, support and strive to improve the communities we serve". The registered manager told us how they promoted a caring culture and explained "Staff are clear about my expectations. I am trying to promote involvement and personalisation. The service has been more task oriented. I try to involve staff more about what is going well and what needs improving. I walk around each day to see what is happening".

There were good systems in place to monitor and improve the quality of care provided. As well as internal audits of care practice, such as medicines management, personalised support and infection control, there were regular visits from the provider to assess the quality of the service. For example a quality monitoring visit took place in October 2015 which looked at standards in the service in line with CQC's domains of Safe, Effective, Caring, Responsive and Well-Led. We saw that a plan had been put in place following the visit which addressed all the points requiring action. This was reviewed to check progress.

There were opportunities for people to have their say about how the service was run as well as put forward any ideas. The registered manager held an open surgery once a week where staff and people who used the service could drop in for a chat. There were also occasional resident/relative meetings which were used to discuss concerns and new developments. A yearly survey took place which gathered the views of people who used the service and their relatives. We noted that a summary of the last survey was displayed on the noticeboard which included an update into what action had been taken where any concerns had been raised.