

Stroud Care Services Limited

Highfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Highfield House is a residential care home providing accommodation and personal care for up to seven adults with a learning or physical disability, in one adapted building which has an enclosed garden. At the time of our inspection four people were living there.

The service was developed and designed before Registering the Right Support came into existence. Despite this, the service was managed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's opportunities to follow their goals and live as full a life as possible had been impacted by COVID-19. The service had reviewed restrictions on people's activities and movements in line with national guidance and additional internal activities had been set up to ensure people were protected from feelings of isolation.

Highfield House is a large home, bigger than most domestic style properties. The negative impact of the size of the service on people was mitigated by the buildings design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when supporting people.

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

Since our last inspection, systems to assess, monitor and improve the quality and safety of the service had been implemented. An external auditor had also been commissioned to support the service in identifying any shortfalls and to ensure any identified actions were rectified without delay. In some areas, the new systems introduced required further review to ensure that these systems were consistently applied.

Staff told us they felt supported and that the new manager was leading an improving service. Staff told us the culture was open, and we saw evidence people were supported to achieve positive outcomes. Under this new leadership structure, the services visions and values are being reviewed with a focus on person centred care and developing a culture that is fair and open. More time is needed to ensure that these changes have the desired effect on staff morale and service culture.

People were supported to take their medicines as prescribed. Staff received training to enable them to administer medicines and processes were in place to ensure staff were competent, however, the system of auditing medicines stock needed to be improved to ensure the audit sheet matched available stock.

The service was clean, tidy and odour free. There were robust infection control processes being observed and systems were in place to reduce the risk of any visitors to the service in relation to COVID 19.

The service provided sufficient numbers of trained staff to meet people's needs. People's relatives told us the service was safe and homely.

Staff had received training to ensure they could recognise the signs of abuse and told us how they would report these. Records showed people had risk assessments in place and that these were reviewed regularly.

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's capacity to make decisions had been assessed and where required, external health professionals were involved in planning support strategies to meet people's mental health needs.

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

Why we inspected

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfield House on our website at www.cqc.org.uk.

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 well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Highfield House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means that once their registration is complete, 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 announced. Due to pressures from COVID-19 we gave the service 24 hours notice of the inspection. This was to ensure that people and their relatives would be available to be contacted by the inspector via telephone and that the service director and home manager would be available during the inspection. Inspection activity started on 29 September 2020 with a visit to the care home and continued with desk top activity which ended on 30 September 2020.

What we did before the inspection

We reviewed the information we held about the service since the last inspection. We reviewed information we had requested from the services director in relation to the service's infection prevention and control arrangements and pandemic contingency plan. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

On 29 September 2020 we visited Highfield House. We spoke with the service's director and home manager, deputy manager and a member of care staff. We also spoke with two people who lived there. We reviewed a range of records which included three people's care records and medicine administration records. We also completed an audit of infection prevention and control that included housekeeping and social distancing arrangements. We looked at three staff files in relation to staff recruitment. A variety of records relating to the management of the service were also reviewed.

After our site visit

On 30 September 2020 we spoke with one person's relative, the director, the home manager and two additional staff by telephone to validate the evidence found.

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.

Assessing risk, safety monitoring and management

- The provider had improved the processes for assessing the environmental risks to people's health and safety. Key aspects of building and equipment safety were checked regularly, including fire, water temperatures and security. The premises and equipment were checked regularly and maintained to ensure they met requirements.
- Staff could describe the support they provided people to keep them safe in relationships. We reviewed records in relation to people accessing the community and found that safety arrangements had been put in place to keep them safe, such as one to one support from staff in the community.

Systems and processes to safeguard people from the risk of abuse

- Staff had attended safeguarding training and there were safeguarding policies and processes in place. Information on who to contact in the event of a concern was on display.
- Staff all reported feeling confident in identifying and reporting abuse. One staff member said, "it's about ensuring our clients are safe and ensuring we understand the client's needs." Another staff member told us, "If I was to see something I didn't think looked right I would go to a manager, director or to CQC."
- All incidents and safeguarding concerns were investigated by the provider. Where required, the provider had responded appropriately to requests for information from the local authority or CQC.
- People told us they felt safe and staff told us that they felt people's care was safe. One person told us, "I feel safe here." A person's relative told us "I am happy that [person's name] is safe there. I know she is happy there and she tells me that it's her home."

Staffing and recruitment

- The provider's recruitment process was robust to ensure skilled and experienced staff were employed at the Highfield House. Pre-employment checks were completed on staff before they came to work at the service. The checks included conduct in previous roles, right to work in the UK, proof of identity and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.
- Staff rotas indicated sufficient numbers of staff were available to ensure people's needs were met. The service manager told us staffing was kept under constant review to respond to people's changing personal and social needs. The allocation of staff was flexible. For example, staff were generally allocated to support people in a set location to ensure consistency of support, however, where there were benefits to people, staff could be moved to accommodate this and to enable staff to get to know the care and support needs of a wider group of people.
- Staff new to the service told us that the induction process had been supportive and well structured. One member of staff told us, "I am very happy with how the managers have worked with me to look after me and

to ensure the clients get the best possible care."

Using medicines safely

- People had received their prescribed medicines as required. Peoples medicines were stored securely and there was a system to ensure staff who administered medicines had been trained and their competency assessed.
- There was a clear policy and procedure in place in relation to the use of PRN (as required) medicines. For example, this meant that if people required pain relief, this could be administered safely and effectively to the person without delay.
- Systems for the auditing of medicines, in particular the stock of medicines were inconsistent and contained discrepancies that had not been picked up prior to our inspection. We discussed this with the service manager and provider at the time of our inspection and they made immediate changes to improve this process, and had arranged for the dispensing pharmacy to come to Highfield House and complete a review of medicines and auditing systems.

Preventing and controlling infection

- Effective cleaning practices were in place. The home was visibly clean and tidy throughout.
- Staff had received training in infection control practises and the donning and doffing of PPE (personal protective equipment) from an external agency..
- There was an adequate supply of PPE to help minimise the risk of cross infection.
- There was a clear contingency plan and procedure for the event of an outbreak of COVID 19 or winter flu in the service. This helped ensure the risk of harm to people was minimised.

Learning lessons when things go wrong

- There was a clear ethos of continuous learning in the service. The provider and new service manager was open and welcoming and responded well to our feedback.
- The provider and service manager could show us where the service had learned where things had gone wrong. There was a clear system for recording and following up when a person had an accident, or an incident had occurred.
- The provider and service manager showed us what improvements had been made to address the breach we found at the previous inspection. This included new auditing systems and the involvement of an external auditor to help the service to identify areas they needed to improve.

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 requires improvement. At this inspection this key question has remained as requires improvement. This meant the service management and leadership was inconsistent.

At the last inspection in May 2019 we found that effective systems to assess, monitor and improve the quality and safety of the services provided had not been established and operated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following the inspection in May 2019, the provider supplied us with an action plan on how they planned to meet the requirements. At this inspection we found improvements had been made and the regulations were now being met, however further time was needed to ensure there was consistency across all auditing and monitoring systems.

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

- A new manager was in post and was in the process of registering with CQC. Under this new leadership structure, the services visions and values were being reviewed with a focus on person centred care and developing a culture that is fair and open. More time is needed to ensure that these changes have the desired effect on staff morale and service culture.
- The service had developed new systems for auditing and where required external professionals had been used to ensure auditing systems were effective and fit for purpose. In some areas (such as the auditing of medicines), the systems being used required further review as they were inconsistent.
- The provider and service manager worked to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, for the running of the service, when the service manager was not present at the home.
- The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

Continuous learning and improving care

- The provider used an electronic system to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. This included audits in relation to people's daily care records, people's care assessments, people's safety and their general well-being.
- The provider had a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance. These were made available to staff via paper copies held in the

office.

- The provider had a service improvement plan in place which identified areas for development. This ensured there was a culture of continual improvement and that staff strived to achieve the best possible outcomes for people.

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

- Staff feedback about the service was generally positive. Comments included, "The ship has been rocky for a while but the ship is steadying now. On reflection I think the changes that have been made have been for the better. We are gelling well as a team.", "The staff know what they are doing as the managers are really helpful." And, Staffing has been very difficult lately. There are lots of new staff as others have left."
- People we spoke with knew the staff team well and spoke about staff fondly, one person told us, "Staff are alright, they're beautiful." We observed staff interacting with people in a person-centred way. A member of staff told us, "I think the service is very person centred."

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

- Care plans were reviewed had information that ensured people were treated as individuals, in line with equality legislation. There was clear information to guide staff on what a person liked and didn't like, what decisions they could make independently and their individual values and interests.
- We saw evidence that the service worked closely with key organisations such as the GP practise, district nurses and other health professionals. Records we reviewed showed that people at the service ere referred appropriately to health professionals and that staff followed the advice and treatment suggested for individuals.
- Relatives we spoke with told us they felt involved in their families care. A person's relative told us, "If there is a concern, they would call me or if I'm concerned, I will call them. I have been sent reports from the hospital and they always ask me about healthcare decisions. If I am worried, they will make sure she sees a doctor and will let me know the outcome."