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Highmead 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?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 January 2016 and was unannounced.

Highmead house provides accommodation and personal care for up to 32 older people and people with dementia care needs. At the time of our inspection, the service was providing support to 32 people.

The service had a registered manager. 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 felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were stored, handled and administered safely within the service.

Staff members had induction training when joining the service, as well as regular on going training.

Staff were well supported by the registered manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's

individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place, of which people using the service were aware of.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately.

Quality monitoring systems were in place.

Highmead House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 January 2016 and was unannounced.

The inspection was carried out by one inspector

Before the inspection, the provider completed a 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 also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with five people who used the service, two relatives of a person that uses the service, three support workers, an administration staff member, the deputy manager, the registered manager, and the owner of the service.

We reviewed six peoples care records to ensure they were reflective of their needs, four medication records, five staff files, and other documents, including quality audits.

Is the service safe?

Our findings

People told us they felt safe within the service. One person we spoke with told us, "It's very safe here, "I'm very well looked after." We spoke with relatives of a person that used the service who told us, "My mother is very safe here. We would move her if she wasn't." All the other people we spoke with made similarly positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "I would report straight to the manager if I was worried that somebody wasn't safe. We follow safeguarding procedures which means we report things properly, to the Care Quality Commission if we need to." Another staff member told us, "I'm aware of the whistleblowing procedures but "ve not had to do it." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedure and we saw that they had received training in these areas. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified CQC of any incidents as required.

People had risk management plans in place, which were part of an electronic care planning system. The staff we spoke with all felt the risk plans were useful and easy to access and follow. One staff member told us, "We have regular access to the computer system where everyone's information is stored. It's a much better way of keeping risk assessments up to date." We saw that the files contained detailed information on the specific risks that were present to a person, including, physical, emotional, behavioural and medical..The information was kept relevant and up to date via a colour coded overview of different parts of the files, which alerted the manager and deputy manager that the information should be reviewed and checked.

Accident and incident forms were completed as required. We saw that records were kept on the electronic system and could be linked to other relevant information easily. For example, a record of an accident resulting in an injury, could be linked to notes created about a visit from a health professional, and any subsequent action. This enabled a clear pathway of information to keep people safe and well supported. The system being used automatically produced analysis of a person's events and incidents and displayed this in the form of a chart. This made monitoring peoples safety more effective for the staff supporting them.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans were present and up to date. We found that environmental risk assessments had taken place within the service.

Safe recruitment practices were observed by the service. The registered manager told us, "Everybody has a full Disclosure and Barring Service check (DBS) and two references before they start here." This was to ensure they were suitable and safe to work with people who lived at the home. The staff we spoke with confirmed that they had gone through these pre employment checks. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home.

People told us that there were enough staff working there. Everybody we spoke with felt that staff were always at hand should they need support. The staff we spoke with also felt that staffing levels were good. One person told us, "Obviously it can get busy at times, but there are enough people here to make sure things get done, and the management and the owner will even help out if there is a need." During our inspection, we saw an appropriate amount of staff members spread across the service. We saw staff rotas which showed us that shifts were being covered by a consistent amount of staff that was never lower than the minimum amount of staff needed to run the service safely, as assessed by the manager. The administration member of staff explained to us that the service does not use any agency staff. They were able to cover shifts successfully using permanent staff members as well as management helping out.

Medication was administered safely. We observed that the medication was stored securely in a locked trolley, in a locked room which had temperature control checks in place. Controlled medication was present, and stored in a separate locked and secured cabinet. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by the deputy manager.

Is the service effective?

Our findings

People told us the staff were well trained. A relative of a person told us, "The staff are really good here. You can tell they are well trained in how they interact with people." One staff member told us, "I have been able to complete a level four National Vocational Qualification. I never thought 'd be able to do it, but I was supported well and was really pleased to achieve it." All the staff we spoke with understood the value of training and expressed a positive experience with training within the service. We saw that all new staff were undertaking a care certificate qualification which enabled them to learn about the basic principles of care work. We saw that the service had also put people on to a 'Falls Champion' training course which would enable them to take a lead role in working with the risk of falls within the home.

Staff members all went through mandatory training before starting work. A staff member told us, "I spent a few days covering the basic training such as manual handling, safeguarding, health and safety and more. Then I came in and shadowed for about two weeks before being able to start work properly." All the staff we spoke with confirmed that they went through the induction process before starting work, and also regularly attended new and refresher training through a training company the service worked with. We saw records within staff files that showed us induction had taken place, as well as certificates obtained. We also saw a training matrix that the administration staff member used to collate the training information and keep track of when people required updates. The registered manager also carried out regular competency checks with staff involved in the administration of medication, to make sure that standards were kept up.

Staff received regular supervision and told us that they felt well supported within their roles. One staff member told us, "The supervisions we have are worthwhile. It's a good opportunity to say what I feel, as well as getting feedback on my work." We saw records that supervisions were happening on a regular basis within staff files, and that yearly appraisals were taking place.

Staff members obtained consent from people that they supported.. People told us that the staff would ask them before carrying out any care tasks. One staff member told us, "We knock before entering any room, and we always ask before doing each thing required, like with personal care, it needs to be done, but that doesn't mean you don't ask before doing it." During our inspection, we observed staff interact with people and ask them permission before providing and support. The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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 saw that staff had all received training in MCA. The registered manager had good knowledge of the DoLS procedure and was able to explain how the process was applied for several residents. She had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people

were cared for safely, without exposing them to unnecessary risks.

We saw that people were supported to maintain a balanced diet. The people we spoke with said that they enjoyed the food that was offered. One person told us, "I like the food here, it's very nice." We saw that the menu was displayed within the main hallway at the service, and people had different choices on offer. We observed staff interact with people during the lunch period. People were given the choice of several different environments in which to sit and eat, to suit their preference. We saw a person being fully supported to eat their meal by a member of staff. This person was able to go at their own pace and was regularly asked if they were ready for more or if they had had enough. We saw that drinks were regularly offered to people throughout the day. Some people were having their food and fluid intake monitored for health reasons. We saw that staff used the electronic care records system to keep a regular log of what people had eaten and drank. Staff told us that this system allowed them to easily monitor people's health and collate information about their health that may relate to their diet. They told us that this was very useful when other health professionals required specific information.

People were supported to access health services. One person told us, "The doctor comes in and does his rounds, we get looked after." The deputy manager told us that she does a lot of the external appointments with people, and that various healthcare professionals would visit the service regularly. A staff member told us, "The doctor came in and saw someone about a cough they had. The cough got worse the next day and I felt it really needed looking at again, so I contacted the doctor and insisted that they come back and have another look. They came back the next day." We saw evidence that nurses came in to the service regularly to treat pressure sores, and that an optician had also come in to assess and treat people.

Is the service caring?

Our findings

People were happy with the care that they received. One person told us, "All the staff here are really caring, I can't complain at all." A staff member told us, "We are a very caring team. Everybody makes the effort to communicate in a caring way, we love to have a laugh and a joke with people." During our inspection we observed staff interact with people in a caring manner. Staff took the time to talk with people and responded to questions and conversation in a warm and friendly way. We saw a staff member taking time to communicate with a person who had limited verbal communication. They were talking with the person and giving them the time they needed to respond. We saw photographs of memorials that the staff had led for people who had passed away within the service. This involved the other residents in remembering their friends and releasing balloons in their memory.

The staff knew the individual preferences and personal history of the people within the service. Staff gave us the example of supporting a person with personal care, and always offering them a flannel. The person would often refuse the flannel, but once in a while would accept and carry out the task themselves. The staff explained the importance of always offering, because they knew that the person would accept from time to time and prefer to do things for herself. We saw staff speak with people and recognise personal preferences with their drinks and eating throughout the day. We saw that people had a section within their electronic files that contained information on their personal background and history.

People told us they felt involved in their own care and support. One person told us, "Yes I get to have my say on things. Staff always ask me if 'I'm happy with everything.'" The staff told us that when people first came into the service, they were able to sit and go through their care and support needs with staff who would feed this directly into their electronic care plans. People's care plans were able to be added to or changed on a regular basis if necessary. The people we spoke with all felt that the system in place was effective in keeping track of their care needs and preferences.

People's privacy and dignity was respected by the staff. A relative of a person told us, "My mum tells me everything. I would know if she wasn't being treated with dignity. I see that when I am here, the staff knock on the door. I see that they speak to everyone here with respect." A staff member told us, "We respect everyone's right to privacy. There has been occasions where a family member of a person has asked for information about them, that we know the person wants kept private. It's a difficult situation, but first and foremost we respect the person's privacy and confidentiality. We saw that the staff were knocking on people's door before entering and were mindful of people's privacy."

People were encouraged to stay as independent as they could be. Staff told us that one person may spill bits of food and drink on themselves during mealtimes. The person was much happier feeding themselves without support, and did not mind spilling small amounts of food and drink. The staff recognised this wish to remain independent during mealtimes and offered the support to clean up afterwards, rather than take away a part of someone's independence. We saw that one person had sustained an injury to their knee. The service had made sure that the person had input from a physiotherapist, which resulted in the service purchasing a standing mobility aid to enable the person to transfer without having to use a hoist.

We spoke to relatives of people that used the service who told us that they could come and go whenever they wanted to. We saw that many family members of people were able to come in and out of the service during the day of our inspection. Some family members spent time with their relatives in their rooms, and others used one of the many communal areas within the home to sit and play games.

Is the service responsive?

Our findings

People had their needs assessed before moving in to the service. The registered manager showed us that the service had an admissions policy, and that individuals were assessed by her to make sure that their needs could be met at the service.

People received care that was personalised to their needs. A relative of a person told us, "The staff know [persons name] well. They know her personality well and know what she likes and what she doesn't like. They respect that." We saw that people's care plans had information that was personalised to them. Their likes and dislikes were documented as were their personal routines. The electronic care planning system allowed for many parts of a person's care plan to be linked and for a flow of information to take place that was relevant to that individual. This meant that care tasks and information regarding health, were linked with a persons preferences and likes.

We saw that staff were recording daily notes within the electronic system on a regular basis. Contained within the notes was personalised information about the individual, and information that the person themselves had expressed. This meant there was constant and up to date record of a person's wants and needs for staff to access and learn from.

People's needs were regularly reviewed and updated as required. Staff were able to record daily changes, and the deputy manager reviewed peoples care plans and risk assessments regularly. When changes were made, the deputy manager and registered manager would get an automated email to inform them that a change had been made. The same happened to prompt the managers when an area of someone's information required an update or check. We saw that people received a social work led review once a year. The registered manager would also carry out service led reviews for people to formally review the care they were receiving. People had keyworker staff who had the responsibility of taking a lead role in updating information about a person and being the main staff link to a persons care within the service.

People were able to express their thoughts in residents meetings within the service. We saw minutes from meetings that had taken place that covered various topics and recorded people's opinions. Actions were collated as a result of things that people had said within the meetings. For example, a person had raised a concern in the meeting that some of their laundry had become discoloured. We saw that the action from this was the manager informing all staff to make sure that laundry was separated and washed at a lower temperature where possible to try and avoid this problem.

People were supported to maintain social relationships. A staff member told us, "Relatives are important. We always make sure we have a chat and create a bond with them." A relative of a person living at the service told us that she felt very much involved with her mother's life and that the service was very welcoming to her input as well. We saw relatives of people living within the service come in and out during the day of our inspection. We also saw that the service ran regular meetings for both residents and their relatives to attend and feedback on the service. We saw minutes to these meetings and posters advertising the next meeting on the wall in a communal area to encourage people to attend. We saw photos of various

social events that had taken place that included family members, such as themed evenings, Indian and Chinese meals and games days. The registered manager told us that they had gained permission from various residents to create a page on the social media website Facebook. They used this page to in order to connect with relatives who were not local as well as engaging with the public about the service and what they do.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. A person told us, "I've not had any complaints. I would raise one if I needed to and the staff would respond." A complaints folder was kept where all complaints were recorded. We saw that actions and responses were created and carried out for each of the complaints made.

Is the service well-led?

Our findings

People told us the registered manager and the deputy manager were open, easy to talk to, and approachable. A relative of a person told us, "The door is always open and we have no problems making contact with the management." All the staff we spoke with told us that they felt well supported by the registered manager and that they enjoyed working at the service. A staff member told us, "The registered manager keeps everything accessible to us. She empowers us." Another staff member told us that both the managers and the owner of the service all help out from time to time to cover people's duties. We saw the Registered manager and the deputy manager interact with staff and people that lived in the service and they were able to give people the time that they needed to talk.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff we spoke with were aware of the visions and values of the service and felt positive about continuing to improve. We observed staff working well as a team, providing care in an organised and calm manner. We saw that the service had a staff structure that included a registered manager, deputy manager, senior carers and carers, and that people were well aware of their responsibilities. None of the staff we spoke with had any issues with the running of the service or the support they received. The staff all knew the owner of the service well and reported to us that she regularly came by to either help out or chat to people and staff. During our inspection, the owner was present and interacting with people who lived within the service.

The registered manager was aware of the needs of the people and staff. She was able to express which areas of the service she wanted to improve upon, such as some of the décor within the home and the logistics around the serving of food. We saw that plans were in place to address these improvements. Our observations were that the relationships between the registered manager and the staff were open and transparent and that the registered manager had good knowledge of the staff team and the skill sets that people had. The registered manager was able to explain the staff disciplinary procedure and give an example of it being used recently.

We saw that accidents and incidents were recorded and appropriate actions had been taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Staff meetings had been held for staff to share information and discuss the service. We saw minutes from these meetings that confirmed they were taking place and that a range of topics were being discussed such as staffing levels, residents issues, events, environmental issues and general service updates.

Quality questionnaires had been sent out to people, their relatives and staff members. We saw that the results had been collated by the manager, with actions created from the information. The service carried out quality audits in several areas including medication, care planning, risk assessment, environment, and staff files. This information had been collated and displayed to monitor the quality level within different areas,

and actions had been created where necessary.