

Larchwood Care Homes (South) Limited

Highfield

Inspection report

Bekesbourne Lane
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Canterbury
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Tel: 01227831941

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 9 November 2017, it was a focused, unannounced inspection. We looked at whether the service was safe and well-led.

Highfield is a nursing home for up to 34 older people some of whom may live with dementia illnesses, physical and sensory impairments as well as other conditions such as diabetes and epilepsy. The home is located in a rural setting outside the village of Bekesbourne. There were 26 people in residence at the time of this inspection.

This service was last inspected on 20 and 21 June 2017 when it was rated as 'Requires Improvement' overall. This was because medicines were not managed safely; information about a dose of medicine was missing, some instructions were confusing and protocols about the administration of some medicines were not always complied with. Risks to people had not been properly assessed or minimised and specialist advice intended to reduce risk was not always complied with. Accidents and incidents were not consistently reviewed. A matter that should have been reported to the local authority safeguarding team was not. Areas of the service and some equipment were not clean and posed a potential infection control risk, shortfalls in aspects of recruitment processes, previously pointed out, remained incomplete. Although there had been some improvement to quality assurance, checks were not fully effective, they had failed to identify the concerns evident at the last inspection or address some concerns highlighted at previous inspections. At this inspection we found required improvements had been made.

Staff followed correct and appropriate procedures to promote the safe management of medicines; there was clear guidance for staff and protocols about the administration of medicines were followed. We however identified recording of the use of some prescribed creams as an area that required improvement.

People were protected from the risk of abuse because staff had received safeguarding training and were aware of how to recognise and report safeguarding concerns. Any potential safeguarding concerns were investigated and referrals made to the local authority. We however identified access of visitors to the service as an area that required improvement.

The service and equipment used was clean and hygienic; some floor coverings previously of concern had been replaced in some areas of the service.

Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. Personalised care plans, risk assessments and guidance were in place to help staff to support people safely. Health needs were kept under review, appropriate referrals were made when required, staff knew about and followed recommendations and

instructions made by health care professionals.

An appropriately robust system to recruit new staff was in place and made sure staff employed to support people were fit and suitable to work at the service. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff felt there was good communication and they were clear about their roles. They felt well supported by the registered manager. Feedback was sought from people, relatives and professionals about how the service was run.

A number of audits and checks were carried out each month by the registered and area managers, which were effective in identifying and addressing concerns and driving forward improvements. The service notified us of events when they were supposed to and had displayed previous inspection rating.

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.

Medicines were managed safely and people received their medicines when they needed them.

Risks were properly assessed and actions to reduce known risks to people had been taken.

There were enough staff on duty to support people and keep them safe and appropriate checks were completed when employing new staff.

People were kept safe from abuse or improper treatment, any incidents were recorded, investigated and reported to the relevant local authority.

The service was clean and equipment was hygienic.

Is the service well-led?

Good 

The service was well-led.

There had been changes made to the day to day running of Highfield and there was a clear programme in place for continual improvement.

A robust quality assurance system was in place that ensured appropriate oversight and information was appropriately recorded.

The registered manager and staff in the service were approachable and supportive.

Staff and people spoke positively of the management team's approach and availability. ☐ ☐

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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 was a focussed inspection to check whether the provider continued to make improvements in the safe and well led domains and is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 9 November 2017 and was unannounced. The inspection was carried out by one inspector and an assistant inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met some of people who lived at Highfield and spoke with eight of them. We observed aspects of people's care, including interaction with staff, the lunchtime meal and some medicine administration. We spoke with two people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with one nurse, two health care assistants and kitchen staff as well as the services' administrator, the deputy manager, registered manager and regional manager. We also spoke with two visiting healthcare professionals who had come to see a person at the service.

We 'pathway tracked' two of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the service where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at some aspects of care records for six other people.

During the inspection we reviewed other records. These included three staff recruitment files, medicines records, risk assessments, accidents and incident records, safeguarding referrals, quality audits and policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback.

Is the service safe?

Our findings

People told us they felt safe living at Highfield. One person told us they had been very unwell recently and commented, "The staff always popped in to see me even when there was no need to. They went beyond what was needed". A visitor told us, "There are enough staff to meet people's needs, staff give (person's name) his medicines and on my visits I have observed that he gets his medicines on time. I am not aware of any medicines errors ever having occurred. I feel my husband is safe in the home". Another visitor said, "My wife gets her medicines on time, there have not been any medicines errors and staff always ensure my wife has swallowed her medicines." Although their first time visiting the service, two healthcare professionals told us they had formed a good impression of the service; staff and the person were expecting their visit and were ready for them when they arrived. Other people confirmed and we saw that call bells were left within people's reach and staff regularly popped in on some people who preferred to, or were too frail, to leave their bedrooms.

Our last inspection highlighted the administration of medicines remained unsafe. This was because some guidance about administration doses and the rate was missing; some instructions about when to give a medicine were confusing and some staff administering medicines were not aware of some people's conditions or that they were giving them medicine to treat it.

At this inspection these concerns had been addressed and medicines were managed safely. People received their medicines when they needed them, staff had received appropriate training and competency supervision. There were clear protocols in place to make sure people received the right amount of medicines safely and on time. Staff were aware of people's conditions and the medicines they received. All medicines were stored securely in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for.

Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). Regular medicine audits were carried out by the registered manager or nursing staff. This helped to ensure people received all of their medicines safely. Application of medicated creams were recorded separately and, although usually completed, there were some gaps where they were not. This was pointed out to the registered and area managers during the inspection who gave an undertaking to address these omissions in group supervisions and subsequent audits. This is an area identified as requiring improvement.

At our last inspection some risk assessments, particularly around eating, drinking and choking were incorrectly completed because insufficient measures were in place to address the most serious risks. Following that inspection, the registered manager revisited all risk assessments to ensure all of the risks identified were fully addressed.

At this inspection we looked at most people's risk assessments. They had been updated and reviewed regularly. Where people had special diets to help reduce the risk of choking, their risk assessments reflected

this. Staff spoken with were aware of each person's dietary needs and were able to show us written instructions about how each person should receive their food and any support or supervision needed to eat safely. Where people needed thickened drinks, these were provided in line with specialist advice received. Some people used special cups or adapted utensils and plates to help them drink and eat safely. Where people needed encouragement to drink, staff helped and prompted them. Accurate records of what people had eaten and drunk helped staff to make informed decisions about whether people needed additional help to maintain their nutrition and hydration. People's weight and referrals to dieticians were well managed and there were examples of where people's weight loss had stabilised and improved. Where possible people and their relatives were involved in planning their care delivery and were aware of risks to be monitored and managed.

Our last inspection found one incident record showed a person had sustained a large skin tear to their forearm; staff had caused this by using the incorrect type of gloves when delivering personal care. This incident had not been discussed with or reported to the local authority safeguarding body although it should have been.

At this inspection staff had received training on safeguarding adults. Staff confirmed this and knew who to contact if they needed to report abuse. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. They were aware of different types of abuse including discrimination. Policies and procedures on safeguarding and equality, diversity and human rights were available in the office for staff to refer to if needed. Records showed incidents, warranting referral to the local authority safeguarding team, had been made. The registered manager investigated each incident and required staff to complete a written account of how an injury or incident had occurred. The registered manager had a well-established working relationship with the safeguarding team and provided examples of when they had spoken with them for guidance. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

To ensure people's safety, it is important for staff to establish that callers to the service have a legitimate reason to enter the building. However, when we arrived at the service a member of staff saw us approach and opened the door. They then walked away. They did not ask who we were, why we were there, ask to see any identification or ensure we signed into the visitor book. We raised this with the registered manager who immediately spoke with the member of staff. This is an area we have identified as requiring improvement.

At our last inspection the service was not suitably clean. The vinyl flooring in the hair salon was visibly dirty and the underside of two commode frames were unhygienic with dried urine stains which had built up over a period of time. This indicated they were not regularly or properly cleaned.

At this inspection the salon flooring was clean and had recently been replaced. Commodes checked were clean, care and domestic staff were clear about their responsibilities for cleaning commodes and how and when this should happen. Discussion with the regional manager found infection control checks and audits were more rigorous, ensuring that all aspects of cleaning and all areas of the service now formed part of their regular checks. All areas of the service looked at were clean. One visitor when asked about the cleanliness of the home told us, "It is good now. All new floors have been put in and the whole place repainted and a lot of the chairs are new. They are always cleaning, my wife's bedroom is always clean." Another visitor commented, "The home is always clean and fresh smelling. The home is very well kept."

Our last inspection found people were not protected by robust recruitment procedures; this was because some employment gaps for staff had not been explained and other reference information was not received.

This inspection found the provider had safe recruitment procedures in place. The staff recruitment records we reviewed showed all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. Staff were not allowed to start work until these checks had been completed. Staff confirmed there was a robust interview process in place and that they had been required to provide all the relevant documentation before they started working for the provider. This helped to ensure that staff employed by the service were safe to work with the people they cared for.

People and visitors felt there were enough staff at the service. One person described how staff always use a hoist to lift her and that there "Is always two staff to do this." Another person told us, "Staff respond to my call bell asap and how long it takes varies depending on the time of day and how busy staff are." They were confident staff would come if they needed help. Another person said, "Staff are always patient, they never rush me and you never feel that you are a nuisance." Visitors also told us they felt there were, "Enough staff on duty." We observed staffing levels were sufficient and staff worked at a calm pace to support people to get up and ready for the day. Personal care was completed when and in the way people wanted. Some people liked to get up and sit in the lounge areas. Other people had a late breakfast as they liked to sleep in and staff accommodated this. Staff sat and spent time with people in communal areas throughout the inspection. People enjoyed this and informed us that that staffing levels were appropriate at such times. Staff felt they were not rushed and there was enough time to give people the support they wanted. Some people told us they could have a shower or bath each day if they wanted to and were happy with these arrangements. The registered manager routinely reviewed people's needs against the deployment of staff and was confident that staffing was flexible enough to respond to changing needs. Agency nurses were occasionally used, they received a familiarisation induction to the service and the tasks they were required to do. Permanent staff ensured agency staff completed required records to ensure there was a full account of any support provided and medicines administered.

Accident and incident forms had been completed. Pro-active plans had been put in place to prevent reoccurrence where required, such as hourly visual checks and sensor mats. One person's room had been rearranged, with their permission, to make it safer for them. Where some people could have behaviours which may be challenging toward others, staff were aware of potential signs and triggers and appropriate strategies were in place to address these. Staff were aware of their responsibilities to record accidents, incidents and near misses and understood that they must be reported.

Established checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and fire fighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. Fire risks had been thoroughly assessed and people had individual emergency evacuation plans. They gave details of the assistance each person would need in an urgent situation. Staff had regular fire safety training and could describe the way in which people would be helped. Appropriate testing and monitoring of water temperatures ensured people were safe from risks of scalding; variations in water temperatures were addressed when identified. The area manager gave an undertaking that suitable arrangements would be made for all maintenance and safety checks to continue to take place when maintenance staff were away from the service or on holiday.

Some improvements to the service had been costed and agreed, these included enlarging the laundry area, replacement of some kitchen units and an agreement in principle to convert one bathroom into a wet room.

Capital expenditure was agreed to improve the conservatory area to make it suitable for people to use all year round, however, no quotes for work had been obtained as the scale of the works needed was undecided. Otherwise, on going maintenance and decoration needs were scheduled and addressed.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies.

Is the service well-led?

Our findings

At the last inspection in June 2017, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns identified within the quality assurance process, such as known risks not being acted upon and audits not encompassing all areas to ensure their effectiveness.

The provider submitted an action plan detailing how they would meet their legal requirements and regularly provided updates about this. At this inspection improvements had been made. The provider continued to maintain an increased monitoring of the service since our last inspection; with the regional manager visiting regularly to check what progress was being made. A development and action plan focussed on areas previously identified as a breach of regulations.

The provider's audit systems had been developed since the last inspection. The audits were picking up issues and recorded dates of when the issue was resolved. Subsequent audits reflected on previous audits to ensure any on going or repeat concerns were captured and an action plan developed to address them. Some audits, such as infection control and care plan risk assessment audits, had been refined to encompass areas previously unchecked and working processes had now become embedded into everyday practice.

Leadership of the service was firmly established. Although there had been some staff changes since the last inspection, the service had published a staffing structure chart to ensure all staff were aware of their roles and line management. Staff we spoke with were clear about their roles and what was expected of them.

Staff felt their suggestions were listened to, communication was good at all levels and feedback from managers was given constructively. Regular resident and relative meetings were held and feedback was used to inform some staff meeting discussion topics. Minutes of staff and resident meetings highlighted the points made and the action to be taken following discussion. Staff felt the meetings were good because they got an opportunity to meet all staff and felt this helped promote team building. Staff told us the registered manager operated an 'open door' policy. They said they felt able to share any concerns they may have in confidence with them and felt confident they were taken seriously.

Staff enjoyed working at the service, they were proud of the support and care they provided. They continued to describe improved morale and a culture where they were encouraged to speak out about any concerns or ideas to improve the quality of the service. People and visitors again told us staff were pleasant and the registered manager was helpful, attentive and approachable.

The provider used questionnaires to seek people's views about the quality of service provided. A range of people's views were sought, this included staff, people and their relatives. All of the questionnaires we saw responded positively about the service. People and visitors we spoke with were complimentary about the manager and staff. One person told us staff are "fantastic here" and they are "very friendly." Another told us, "They have a Resident and Family meeting once a month and you can talk about any issues at the meeting."

Throughout the inspection, the acting manager and staff were open to different ideas when we discussed matters. Their responses showed they were keen to develop and improve the service, so they could meet people's needs safely and effectively. The manager was encouraging staff to take ownership of the care they delivered and to ensure they documented it accurately in daily record systems. Nursing staff were careful to ensure other visiting health or social care professional recorded the purpose of their visits, the outcomes and any advice, recommendations or appointments in people's care plans as well as acting on any recommendation or instruction given. This helped to ensure a holistic approach and the best possible outcomes for people and demonstrated staff ownership and pride in the care and support delivered.

The provider's philosophy of care was that they want everyone to enjoy life to the full. To never forget that all residents are individuals and to treat them with dignity, privacy and respect while offering freedom of choice and championing independence; ensuring every day is a fulfilling and enjoyable experience. One of the staff we spoke with summed up the philosophy by telling us, "It's all about the people, we love them and always want to do our best for them."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so since our last inspection.