Althea Healthcare Properties Limited

Highcliffe Nursing Home

Inspection report

5 Stuart Road
Highcliffe
Christchurch
Dorset
BH23 5JS

Website: www.kingsleyhealthcare.com

Date of inspection visit:
19 April 2017
21 April 2017

Date of publication:
24 May 2017

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 the 19 April 2017 and was unannounced. It continued on the 21 April and was announced.

Highcliffe provides nursing and residential care to older people, some of whom are living with a dementia. At the time of our inspection there were 37 people using the service. The home is in a residential area with good access to local amenities. The home has 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.

Staff had been recruited safely. Employment and personal references had been obtained and checks had been made with the Disclosure and Barring Service to ensure applicants were suitable to work with vulnerable people. However employment references in some cases covered a short period of time. The service told us they would review their recruitment policy and introduce guidelines for the minimum length of time employment references needed to cover. People and their families felt the care was safe. Staff understood how to recognise abuse and the actions they needed to take if abuse was suspected. People were supported by enough staff to meet their needs in a timely way. Staff had received an induction, on-going training and support that provided them with the skills to carry out their roles effectively.

Staff understood the risks people lived with and the least restrictive actions needed to minimise risk ensuring people's freedoms and choices were respected. People were supported with their individual eating and drinking requirements, were offered choices and supported to maintain their independence at mealtimes. Medicines were stored, administered and disposed of safely. People had access to health care when it was needed.

The service was working within the principles of the Mental Capacity Act 2005. Staff understood a person's level of ability to make decisions and used different ways to communicate additional information in order to help people make informed choices. When people had been assessed as unable to make a specific decision a best interest decisions had been made involving all the relevant family and professionals. When power of attorney legal arrangements were in place staff understood the scope of decisions that could be made on persons' behalf.

People and their families consistently described the staff as caring and felt they genuinely had an interest in their wellbeing. Care was provided professionally, with kindness and with good humour. Staff understood people's individual ways of communicating. This enabled them to recognise and understand people's care needs and involve the person in day to day decisions. People's interests were understood which enabled staff to have meaningful conversations about things that were important to them. People had their dignity, privacy and independence respected

People had clear, accessible, individual care and support plans that provided information which provided staff with information on how the person needed to be supported. Plans were understood by staff and reviewed regularly with people and their families. Activities reflected people's abilities and individual interests and took place both within the home and the local community.

The service was well led. People, their families and staff all spoke positively about the service. They felt able to share ideas, views and comments with the registered manager and were confident they would be listened too. There was an open and positive culture that empowered staff to feel included in the quality of the service. Staff understood their roles and responsibilities and the scope of their decision making. The registered manager shared information with CQC and other regulatory bodies appropriately. Audits had been regularly carried out which provided a good insight into quality standards and when actions had been identified they were acted upon appropriately and in a timely manner. Processes were in place to gather feedback from people including a complaints procedure. Feedback was used to continually improve service quality and used to promote learning within the staff team.

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.

Employment history, personal references and checks with the Disclosure and Barring Service ensured people were safe to work with vulnerable adults. Staffing levels met people's needs.

Staff understood how to recognise signs of abuse and the actions they needed to take if abuse had been suspected.

People's individual risks were understood and regularly reviewed. Actions to minimise risks were managed in the least restrictive way ensuring people had their freedoms and choices respected.

People's medicines were stored, administered and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training that enabled them to carry out their roles effectively.

Staff were supported, received supervision and had opportunities for professional development.

People were supported within the principles of the Mental Capacity Act 2005 and supported to make informed choices.

People had their individual eating and drinking requirements understood, were offered choices and supported to maintain their independence at mealtimes.

People had timely and appropriate access to healthcare.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them and understood

their individual methods of communication.

Staff were caring, patient and provided professional care whilst creating a relaxed and friendly atmosphere.

People or their representatives were involved in decisions about day to day care.

People had their dignity, privacy and independence respected.

Is the service responsive?

Good

The service was responsive.

People had individual care and support plans that were regularly reviewed with them, detailed their care needs and understood by the care staff team.

Activities reflected people's likes, interests and abilities and included maintaining links with the local community.

A complaints process was in place that people were aware of, felt able to use and that they would be listened too and any actions needed would be taken.

Is the service well-led?

Good

The service was well led.

The culture of the home was open, positive and transparent and staff felt part of a team.

Staff had a clear understanding of their roles and responsibilities and the scope of their decision making. They were positive about the leadership and management of the service.

Audits and quality assurance processes captured service delivery standards and were used to support quality improvements.

Highcliffe Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on the 19 April 2017and was unannounced. It continued on the 21 April 2017 and was announced. It was carried out by one inspector who was supported by an Expert by Experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We spoke with social care and health care commissioners and the local safeguarding team to get information on their experience of the service. We also looked at information on their returned 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.

During our inspection we spoke with nine people who used the service and seven relatives. We spoke with the operations manager, registered manager, deputy manager, three registered nurses, four care workers, the activities co-ordinator and the head chef. We reviewed seven peoples care files with them and care workers to check they were up to date and correct. We checked five staff files, care records and medication records, management audits, staff and resident meeting records, the complaints log and feedback received about the service. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

Staff had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults. However, we found that employment references in two staff files only covered two or three month's employment history even though both staff had several years care work experience. The files contained personal references which covered a longer period. The registered manager told us they would review recent appointments and if necessary request further references in order to have employment checks covering a longer period of time. Recruitment had been carried out in line with the company's recruitment policy which had been reviewed in January 2017. It read 'Two written references, (one must be recent employment). We discussed this with the Operational Manager who told us they would review the policy and include a minimum length of employment history references needed to cover to ensure more robust employment history checks. People, their families and staff all told us there were enough staff to meet people's needs and we observed staff supporting people in an unhurried but timely way.

People and their families told us they felt the care was safe. One person told us "I'm safe here, you always have someone around you can call for help. You only need to ask them and they will try their best to help you". A relative explained "The staff here seem wonderful; I have no worries about leaving my (relative) here". Another told us "The carers are very attentive and pick up things very quickly". Staff had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse.
A care worker told us "Our manager has told us if we report a safeguarding and she doesn't take action then we are to tell CQC". Staff were aware of the whistleblowing and bullying policies and they had been discussed at staff meetings.

Assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk. We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk. Some people had swallowing difficulties and were at risk of choking. A speech and language therapist had carried out swallowing assessments and provided plans detailing the consistency of people's food and drink and the position the person needed to be in when supported with their meal. The plans were understood and we observed being followed by both the care and catering staff. Care and support plans also contained information detailing the actions staff needed to take if the person were to start choking.

People were weighed regularly and records showed us that if a person was losing weight actions were promptly taken. Actions included referrals to a GP or dietician, introducing a food and drinks diary, fortifying food to add extra calories and increasing weight monitoring to weekly. Food and drinks diaries included guidance on the minimal amount a person needed to drink. The charts had been completed consistently by staff and reviewed each day by a nurse. The kitchen had a nutrition checklist which highlighted whether a person was at a low, medium or high risk of malnutrition and included their BMI and weight. The head chef told us "I have access to people's care and support plans which really helps. One person had lost weight so I

went and spoke with the nursing staff to establish the reasons why. In that case the person had been poorly with the flu".

When risks had been reviewed actions agreed minimised the impact on a person's freedom and choices. We read an accident form that detailed how one person had fallen in the night and sustained an injury. The management review described how the person was able to independently use their en-suite toilet and this had been their first fall. The conclusion had been not to put restrictive measures in place such as bed rails as this would have impacted on those freedoms but to keep the risk under review. Another person had increased agitation due to a urine infection. Their risk had been reviewed and it had been decided that the bed rails being used presented a greater risk of harm whilst the person remained agitated. When the person recovered from the infection and returned to their normal mental wellbeing the bed rails had been reinstated. We spoke with a relative who explained "(Relative) is at risk of falls and they always put an alarm mat in front of (them) in the lounge. On a good day they can walk holding an arm, on a bad day they need a wheelchair. Staff are aware on the day how their balance is. I feel they are in very safe hands".

Where people had been assessed as at risk of skin damage care plans included specialist equipment such as air mattresses and pressure relieving cushions on chairs. We checked the settings of mattresses and they were consistently set at the correct pressure for a person's weight ensuring the maximum protection. Some people required turning regularly when in bed. We checked charts and these demonstrated this had been taking place in line with the care plan. One person had very stiff limbs and needed additional pillows placed strategically to reduce the risk of skin damage. When we checked staff had placed the pillows as the care plan. This meant that staff understood their role in minimising people's risks.

People had their medicines ordered, stored administered and disposed of safely. One person had a health condition that required medicines to be given at precise times in order to manage symptoms. Their family told us "They have it (medicine) on time which is crucial. We are kept informed of medicine reviews". Medicines were administered by qualified nursing staff who had their medicine competencies checked six monthly. There was guidance for staff on when to administer as required medicine such as pain relief. Some people living with dementia were unable to tell staff if they were experiencing pain. We observed a nurse assessing whether a person was in pain by examining the person's body language and facial expression as an indicator. This meant people received pain relief when they needed it. When people had been prescribed cream a body map had been completed which indicated where each cream needed to be applied. Care workers had signed a medicine administration chart (MAR) which meant we could read that people had their prescribed creams applied appropriately. We spoke with a care worker who explained "We check cream dates to make sure the date hasn't expired. If we open a cream we put a date on. Everybody we apply cream to we write on the cream chart". One person administered some of their medicines themselves. A risk assessment had been completed and included the medicines being kept in a bedside drawer behind a locked door and a weekly audit had been introduced. Some people had been prescribed controlled drugs which are medicines that require additional storage and administration safeguards than other medicines. We saw that on one occasion there had been a counting administrative error. This had been identified and actioned appropriately.

Good

Is the service effective?

Our findings

People were supported by staff that had received an induction and ongoing training that gave them the skills to carry out their roles effectively. We spoke with a care worker about their induction. They explained "I had a six or seven day induction and it included safeguarding, supporting people in a person centred way; recognising a person is unique. I've been able to put into practice what the induction taught me. I felt the induction was good". Some training had been specific to the people care workers were supporting. One person had a dementia and their relative told us "Staff understood their dementia. They understand (name) can fluctuate with memory and communication". A care worker told us about how they had benefited from dementia training. "Now if somebody has a change in behaviour I think what could be the trigger. Perhaps things in the environment; I ask myself questions I wouldn't have asked myself before".

Staff told us they felt supported, had regular supervision and opportunities for professional development. We spoke with a nurse who told us they felt supported in their role and had regular clinical training opportunities. They had recently undergone wound care and catheter training. They explained how the wound care had changed their practice. "I knew the classification of wounds but didn't know the grading. Knowing that has helped". We spoke with the head chef who had started a level four diploma in clinical nutrition.

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.

We found that the service was working within the principles of the act. Mental capacity assessments had been completed for people and DoLs applications had been submitted to the local authority. Staff had completed MCA training and had a good understanding of the legislation and how to put it into practice when supporting people. We saw that when best interest decisions had been taken for people they had included input from staff, families, health and social care professionals and were regularly reviewed. An example had been a person who was not taking their medicine. The person had been assessed as not having the capacity to understand the risks to their health. A best interest decision had been taken with input from family and the GP to administer the medicines covertly. Another person had returned from hospital with reduced mobility. A best interest decision had been taken with support from a physiotherapist to use a hoist to support with moving and transferring. When the person's strength improved their best interest decision had been reviewed with the rehabilitation team and changed to using a zimmer frame.

One person told us "They (staff) respect my decisions. I can say no and they will listen". We observed staff seeking consent before they began supporting people. A care worker told us "It's about offering choices such as clothes or being sure a person wants to get up. I sometimes open the curtains and say 'look it's daylight', perhaps show them the time on the clock". We observed at meal times staff showing some people plated meals so that they could choose which they preferred. This demonstrated that staff understood a person's level of ability to make decisions and used different ways to communicate additional information in order to help people make informed choices". Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

People were offered choices of food and drink throughout the day by staff who understood their eating and drinking requirements. A relative told us "The food is fantastic. There is a good choice of main meals. The other week they fancied an omelette and they went off and cooked it for them". A person told us "You always get enough and its good quality. They always ask you what you want". Another person told us "I think we get spoilt here when it comes to food. We have lots of choices and they always offer us seconds". We observed people being offered drinks and snacks throughout the day. In the lounges there were bowls of fruit, sweets and savoury snacks available for people to help themselves too. The head chef explained that care staff are good at picking up body language. "Perhaps somebody has a grimace because they don't like carrots. The staff always comes and tells me". Staff supported people on an individual basis, at the persons pace and in line with their care and support plans. Some people had modified crockery to support them remain independent at meal times.

People had access to healthcare and records showed us this had included opticians, dentists, GP's, physiotherapists, chiropodists, community mental health team and dieticians.

Good

Is the service caring?

Our findings

People and their families described the staff as caring. One person told us "The staff are caring and they take a big interest in me". Another said "One of them (staff) will sit with me if I am really upset and stay with me till I feel better". A relative told us "They (relative) have a really good relationship with the staff and are always telling me about how they make (relative) laugh". We read feedback from a relative that said "My (relative) is treated with great care, respected and loved at all times. I can see they are as happy as they can be".

We observed staff interacting with people in a friendly but professional manner. Staff took the time to ensure people were comfortable and gave consideration to people's welfare. One person was unable to communicate their needs verbally but their non-verbal actions indicated they needed some assistance. The staff's knowledge of the person's non-verbal behaviours enabled them to recognise this, resolve the problem and leave the person happy and relaxed. We observed another example were staff asked a person if they were in pain. The person was not able to verbalise if they were but the nurse had recognised their facial expression had changed and they appeared to be wincing and were rubbing their knee. This demonstrated that staffs understanding of peoples individual ways of communicating enabled people's needs to be recognised and understood.

Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. We heard staff talking to one person about the cooking they had enjoyed making for their family and another talking to a person about their do-it-yourself home projects. Staff supported people to keep in touch with family. A care worker told us "We have used the iPad to skype family that were out of the country over Christmas". We saw photographs of families enjoying meals with people and of birthday and special occasions being celebrated.

People were involved in decisions about their day. One person told us "I have no problem doing anything I like". Another said "They (staff) don't force me into anything; I have time to do the things I want". People who needed an independent representative to speak on their behalf had access to an advocacy service.

People had their dignity and privacy respected. One person told us "My door is always closed and someone will knock before they enter". Another said "They (staff) always talk to me in a polite and kind manner". A relative shared their observations, "There are a few things I've noticed like knocking on the door before coming in or asking me to leave when they need to provide personal care to (name). Things like that". We saw that people's clothes and personal space were clean and reflected a person's individuality. Staff spoke positively about the importance of people retaining independence. A care worker shared an example with us. "(Name) was originally hoisted but the physiotherapist supported and we have now got (name) walking with a frame. That really makes us feel happy".

Good

Is the service responsive?

Our findings

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. One relative told us, "They (staff) gathered information on (name) likes and dislikes. It's reflected in their (staff) attitude; they have a laugh and joke and (name) loves that, his face lights up". Staff told us about information shared when there is a new admission. "We know if there is a new person coming in. We discuss at handover. Care plan information is completed pre admission and we do get time to read the care plans". People and their families felt involved in decisions and reviews of their care. One person said "They (staff) always listen to me and make sure I get what I want; never been a problem". A relative told us "We have meetings with staff all the time. They will tell us what is going on and ask what we would like to change". When we discussed care plans with staff they demonstrated a good knowledge of people's care needs and actions needed to meet them.

Some people were disorientated to time and significant events. Activities had taken place which were visual and interactive with people enabling them to join in with the moment. Examples included at Christmas decorating the garden with lights and hiring a snow machine so that people could experience memories of a white Christmas. To celebrate Easter people had made decorations for around the home and everybody was presented with an Easter egg. On mothering Sunday the ladies had been presented with a small bouquet of flowers. On valentine's day every lady had a red rose. A relative told us "They are (staff) very good at getting people to do things. The (activities co-ordinator) goes out of their way to decorate the home to remind people of the event". We saw photographs of people enjoying a 'Vera Lyn' Day and staff had dressed up as land girls. To celebrate a person's birthday a vintage tea had been organised.

We saw day to day activities included puzzles, art, ball games, newspapers, hair and beauty sessions and musical entertainers visiting the home. One person spent most of their time in their room. They told us "I like word games, the TV, magazines and the radio. I'm happy; I'm doing exactly what I used to do at home. Family visit me several times a week. I've a bell on the chair to call the girls (staff)". Another person had needed to stay in bed for a short while. A staff member told us "We go into (name) room and chat about day to day things. A very interesting lady. Likes you to sing funny tunes to (them)". We observed staff popping in and out frequently throughout our inspection.

People were encouraged to maintain links with the community. One person enjoyed going to the pub and had been supported to go once a week. Another person prior to admission had attended a day centre and continued to go to meet with friends. Trips had taken place to local beach cafes, church services and local landmarks and places of interest to people. An example had been shopping trips for one person who had always enjoyed searching for bargains in the local charity shops. The registered manager told us they sponsored a local community band and in return they regularly came along and played at the home.

People and their families were aware of how to provide feedback about the service. A complaints process was in place and records showed us that any complaints received had been investigated and the complainants had been happy with the outcomes. Records showed us that feedback about the service had

also been provided through an external care home web site. One comment read "If I ever want to speak to anyone, whether it would be carers, nurses or the management I have no problems".

Good

Is the service well-led?

Our findings

People, their families and staff all described the home as well led and spoke positively about the service. One relative told us, "(Registered Manager) has done a great job at turning the home around. You can always talk to (them), a great laugh and doing a fantastic job". A staff member told us "I feel the home is a lot better than it has been". They went on to say, "(Registered Manager) has a lot of respect from the staff. We all respect (them) a lot. Improvements have included meeting and discussing how to do things". Staff felt able to share ideas. One care worker told us, "We are supported and you can talk freely". Another told us, "The management are receptive to new ideas. We wanted to change induction. I asked if we could add communication. We have one person who now has a white board and marker pens they can't hear. This has now been added to the induction". The registered manager explained that staff had suggested moving the dining room into a room at the front of the building, it had been implemented straight away and been a great success. This demonstrated that there was an open and positive culture in the service that supported staff to be part of a team and empowered them to participate in continually sharing ideas and being involved in improvements.

The registered manager had submitted a provider information return prior to our inspection that showed evidence that they had a clear idea of where they were achieving well and where they could improve people's experience of care. Plans included all staff becoming registered as 'dementia friends' and achieving an end of life national accreditation.

The Manager had a good understanding of thier responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Staff understood their roles and responsibilities. A senior care worker told us "At handover the senior allocates the work for the morning such as who is providing 1-1 support to a person. We oversee the shift but the senior reports to the nurse". A nurse said "Staff really work as a team. When the manager speaks to them she speaks kindly and staff follow their instructions". Staff told us they felt appreciated. A care worker told us "The (registered manager and deputy manager) always say thank you for our hard work". An employee of the month had been introduced whereby staff make nominations and the management then made the final decision. One month an employee won as they had spent their own time visiting a person and carrying out some sewing for them.

Audits had been carried out regularly and included consenting to care, care plans, risk assessments, health and safety, infection control and staff files. Audits were robust and when actions were identified had been carried out in a timely manner. Actions included improvements in recording, document amendments and processes. A quality assurance survey was completed annually and we saw that the feedback was positive. A suggestion box was available for people, families, staff or other visitors to the home to share ideas and comments. This reflected a commitment to quality assurance systems leading to improvements for people.