

Island Healthcare Limited

Highfield House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Highfield House is a care home registered to provide accommodation for up to 20 people. The service provides specialist care to people living with varying degrees of cognitive impairment. Some of the people at Highfield House had complex and sometimes challenging needs. The home also provides day care for people living in the community. Care was provided in a safe and dementia friendly environment. At the time of our inspection there were 20 people living in the home and six people being supported for day care.

People's experience of using this service:

People at Highfield House received outstanding care and were supported by a staff team that were committed, passionate and knowledgeable. People were treated with exceptional kindness and had positive outcomes.

The service was especially responsive to the needs of people at the home, with a wide range of person-centred activities. Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. There were good community links and people accessed the community regularly.

The service went the extra mile to provide a family orientated and homely environment for people. Staff had developed strong relationships with people and knew them exceptionally well. People, their relatives and external health and social care professionals overwhelmingly told us that the staff made them feel included and part of a large family. One relative said, "It's like a big family. They [staff] support us and make us laugh."

Staff knew people exceptionally well and delivered care and support in a way that met those needs and promoted equality. People and their families were involved in planning their lives, and the service ensured that care was always personalised to meet the needs of each individual living there.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Staff used positive communication techniques with people so that they felt listened to and valued according to their individual needs. People's unique communication styles were understood and respected by staff.

Staff were motivated by and proud of the home. Continuous learning was embedded in the home's culture.

People were supported by staff who were highly skilled, and knowledgeable in caring for people with complex needs. There were enough staff to meet people's needs and they supported people with a calm approach, that demonstrated their skills and confidence.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

The service ensured that care delivery was safe, with risks to people continually assessed to ensure both their home environment, and outings in the community were safe. Premises were well maintained.

Rating at last inspection:

The service was rated as Outstanding at the last full comprehensive inspection, the report for which was published on 01 December 2016. The service continues to be Outstanding.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow up:

There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

For more details, please see the full report which is on the CQC 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector and an expert by experience [ExE] on the first day and one inspector on the second 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. The ExE had experience of care for older people and those living with dementia.

Service and service type:

Highfield House is a care home registered to accommodate up to 20 people who need support with personal care. The service had a manager registered with the Care Quality Commission. This means that 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:

We did not give notice of our inspection.

What we did:

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

Observations of care staff and all people using the service.

Four people using the service.
Seven relatives of people using the service.
Six people's care records.
The registered manager.
The deputy manager.
Seven members of staff.
Records of accidents, incidents.
Records of compliments and complaints.
Audits and quality assurance reports.

Following the inspection, we gathered further information from:
One external social care professional.
Two external healthcare professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The provider had robust policies in relation to safeguarding and whistleblowing and staff had received training based upon these.
- Relatives of people spoke very positively about how safe they felt the service was. Comments included, "Yes, definitely. I know [relative] is somewhere safe", "They are safe; they're in safe hands" and "Yes, very safe. They are very happy, there's always someone around."
- Staff demonstrated an excellent awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility and records confirmed that they had reported concerns promptly and liaised appropriately with the local authority.
- Many people at the service were living with complex and advanced dementia and were unable to verbally converse with us in detail. However, one person told us, "Oh, yes. I feel safe here." We observed that people's complex needs were met in a safe and respectful way.
- The provider had physical intervention policies and procedures for the use of restrictive practice. This is when a person can require restriction on their movement in order for staff to provide an essential aspect of their care and support. The registered manager and provider had explored how they could support people with complex needs and behaviours that were difficult to manage, whilst keeping them and others safe. Records showed that where people had been assessed to need some restrictions, staff had clear guidance and it was done in the least restrictive way.

Assessing risk, safety monitoring and management:

- Risks to people had been identified, assessed and were reviewed on a regular basis. Staff were able to support people who had complex needs because they had appropriate training and positive behaviour plans were in place for people living with dementia. Where people needed equipment to assist them, this was provided based upon their assessed needs. For example, one person had been identified of being at high risk of falling out of bed. A special bed that could be lowered right down to the floor, had been provided for them. This meant that the person could still be independent and the risk of falling was reduced.
- The environment was safe and well maintained. Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- The provider had employed a health and safety officer to ensure that risks relating to the environment and the running of the service were identified and managed effectively. These included gas and electrical safety, legionella, fire safety and infection control.

Staffing and recruitment:

- There were sufficient numbers of staff available to meet people's needs. Relatives comments included,

"There's absolutely enough", "There's very adequate staffing" and "There is always enough [staff]."

- We observed that people were given the time they required and were not rushed by staff. Staffing levels were based on the needs of the people living at the service. Where people had complex needs, additional support was provided, and this meant that behaviours were managed positively and safely.
- Some people lived in the community and came into the service for day care. However, their needs and the impact on other people living at the service, were considered. Most people who came in for day care, attended on two specific days each week when there were additional activity staff available to support them.
- Short term staff absences were usually covered by existing staff working additional hours. The registered manager told us that they used agency staff when needed but they only worked directly with people, if they had worked in the home before and knew the person they were supporting.
- The provider had a recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks were completed for all staff.

Using medicines safely:

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Clear protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.
- Some people were prescribed medicines to manage unsettled behaviours. However, the registered manager told us that they had worked closely with external healthcare professionals, to reduce the use of these. When describing one person who had been prescribed medicines that were impacting on their awareness, the registered manager said, "We felt that we needed to give them their life back." Records showed that staff had clear guidance and strategies to use to support people to feel more settled before administering these medicines.

Preventing and controlling infection:

- There were appropriate systems in place to protect people by the prevention and control of infection.
- The service was clean and well maintained. Domestic staff were employed six days a week and staff had received training in infection control.
- Staff had had access to personal protective equipment (PPE), which we saw they wore when needed.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and monitored on an electronic system by the registered manager. The provider had oversight of this and any themes or patterns were identified, and action taken promptly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- Staff were highly competent, knowledgeable and skilled; and carried out their roles very effectively. Staff told us that they had received a good induction which included shadowing more experienced staff whilst getting to know the people living at the service. In addition, staff who were new to care received training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- Staff received training that equipped them to meet the complex needs of people living at the service. One staff member said, "We are learning all the time, our training is very up to date." Staff spoke to us with confidence about their knowledge and understanding of best practice and legislation and clearly demonstrated a high level of passion and skill. Staff were kept up to date about training they needed to do, through information displayed in the staff room and through emails.
- Relatives we spoke with told us they thought the staff were very knowledgeable in how they supported people. Comments included, "They certainly look like they know what they're doing." "Oh, gosh yes. They are always on training. It's so difficult, it's [dementia] a complex disease and people are so different, but they [staff] know what they are doing."
- Staff received regular supervision and an annual appraisal, which enabled the registered manager to monitor and support staff in their role and to identify any training opportunities.
- Staff told us they felt supported in their roles by the registered manager and the provider. One staff member said, "The [registered] manager is so supportive, if I'm worried about something I can always ask. I can do the same to the provider too."

Adapting service, design, decoration to meet people's needs:

- The environment had been adapted to suit the needs of people living with a cognitive impairment. The registered manager and provider had considered the latest research for working with people living with dementia and cognitive impairments. Bright colours were used to distinguish different areas from others. For example, the dining tables had bright plain coloured table cloths, hand rails were painted in a bright contrasting colour from the walls, so people could easily see where to hold on to, and toilet doors were painted yellow throughout the home, so that people who had impaired cognition, could distinguish a toilet door from other doors.
- The home had been decorated in calm neutral colours with plain flooring, so that those people living with dementia and cognitive impairments were not overly stimulated by patterns which could impact of their visual perceptions of the environment.
- Throughout the home there were homely decorative touches such as flowers and hanging ornaments made by people living at the home.
- The garden was accessible to all people and had been adapted to meet the needs of people living at the

home. There were raised flower beds and we saw people being supported to plant flowers and vegetables. There was a garage which had 'safe tools' for people to go in and pick up and wheelbarrows for people to push round the garden. Staff told us that this was because they wanted to provide meaningful activities that were familiar to people and reminded them of the activities they would have previously participated in at home. In addition, the garden was always lit at night time. The registered manager said that this was because people living with dementia did not always have a good concept of night and day. As the garden was lit, they could go out into the garden if they wished to at any time. The garden was secure and was a safe space for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Comprehensive assessments had been completed and people's care plans clearly identified their individual needs. People had identified outcomes and care and support was regularly reviewed.
- Care plans were developed using information from people and those who supported them. For example, when people were moving into the service from hospital, a staff member went to the hospital and worked alongside hospital staff who knew the person. This meant thorough initial assessments were completed, before the service determined if they could safely meet people's needs.
- The registered manager kept up to date with the latest best practice guidance and supported staff to provide care in line with best practice. The registered manager and staff demonstrated a high level of skill and knowledge and this was evident in the way they supported people. For example, one person's behaviour was unpredictable. Their care plan reflected this and staff followed clear guidance that enabled the person to have positive engagement, whilst risks to themselves and others were managed safely.
- Many of the people living at the home had complex needs and were living with advanced dementia. The registered manager and staff worked closely with people and their families to get to know them and adapted the support they provided to fit in with the individuality of the person. One relative told us, "[Person's name] can't stop pacing and he likes to go out, so they take him out."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records and diverse needs were recorded and responded to. For example, one person who had previously been very involved with a local church, had been supported to attend church regularly. When their dementia impacted on their ability to attend, the service supported them and other people to attend a 'dementia friendly' service organised by local churches.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- People's health was closely monitored by the staff who knew them well. Staff identified fluctuations in people's health by looking for changes in body language, mood and behaviours of people who were unable to verbally communicate. This allowed timely and effective care to be provided.
- The service had close links with the local health clinic and a regular GP visited weekly, to review people's health needs or when required to ensure access to treatment and medicine. The registered manager told us, "We have a really good relationship with them at the surgery." In addition, other health and social care professionals including nurses and social workers, visited when needed. A relative told us that staff always acted promptly to seek medical support. They said, "They [staff] get the doctor straight away. When [relative] had a chest infection they had the doctor round."
- The service worked with a variety of agencies to provide effective care to people. The registered manager regularly contacted health and social care professionals to discuss people's needs and consider how the staff could follow best practice to meet them.

Ensuring consent to care and treatment in line with law and guidance:

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were knowledgeable about how to protect people's human rights and legislation relating to this. Staff told us they sought verbal consent from people before providing care and support. One staff member said, "People's ability to make decisions changes, we always ask them what they want but also use our knowledge of people to help us make decisions in their best interest when we need to."
- People were involved in their own lives and there was a strong emphasis on involving people and enabling them to make choices wherever possible.
- The registered manager understood their responsibilities in terms of making application for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted.
- One person had a DoLS in place that meant that at times their movement around the home was restricted. This was regularly reviewed with external mental capacity professionals to ensure that any restriction was in their best interest.
- People were supported to make choices, even if these sometimes appeared unwise. For example, one person who had a DoLS in place, was becoming unsettled and frustrated as they wanted to go out of the front door. Although it was heavily raining, staff did not stop the person and opened the door whilst observing them as they went outside. The person then realised they were getting wet so came back in of their own accord and staff then supported them to change into dry clothes. This meant that the person was supported to have freedom of movement and this reduced the likelihood of them becoming unsettled and agitated.

Supporting people to eat and drink enough to maintain a balanced diet:

- People had choice and access to sufficient food and drink throughout the day. One person told us, "They always give a good lunch here. I always look forward to it."
- Relatives of people told us that they thought the food was good and that people always had what they wanted. One relative said, "Yes, they always help him to eat and drink" and another said, "He [person] always has plenty of fluids."
- The home had a full-time chef who made meals using fresh products and locally sourced food. For example, on the second day of the inspection the chef had made fish and chips using locally caught fish. The main meal was served at lunchtime and people had two hot meal choices. However, the staff and chef told us that they would make alternatives for people if they did not want the options offered.
- The registered manager told us that they had recognised that people living at the home had differing needs for the type and time of meals. Therefore, alongside a lighter meal, a hot meal option was also always available in the evening. This meant that if a person had not eaten well at lunchtime, they had the opportunity to eat a hot meal again later. In addition, staff made people other food at different times, to suit their individual needs. For example, the registered manager told us that people who had difficulties with recognising night and day were often awake in the night. If they were hungry staff would make them food. All staff had received food hygiene training.
- If people had any particular preferences, specific food was brought in for them. We saw that one person

really liked milkshakes and these were always in stock for them to have. Another person enjoyed take away pizza and they were supported to occasionally have this delivered to the service.

- Where people had specific dietary requirements, these were met, and they received the support they needed. We saw people being supported to eat in a way that met their individual needs. One person who needed to keep moving throughout the day, was supported to eat by a member of staff, who walked with them and assisted them when they stopped for a few moments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity:

- There was a strong person-centred culture in the home. Care plans identified people's preferences and protected characteristics.
- People were spoken to with dignity and respect at all times and we observed staff interacting extremely positively throughout the inspection. One person told us, "There's always someone to speak to. They [staff] are very nice."
- Relatives of people living at the home told us that they felt that staff knew people very well and provided care and support that considered each person's unique needs. One relative said, 'I'm so grateful that [relative] is here because it's such a lovely place. In the summer it's so nice outside, they can do planting or just sit in the sun. People come in and play music and they even have horses come in.' Another said, "They [staff] are very kind; they make [person] laugh.'
- The registered manager and staff were highly skilled and calm in their care and approach with people living at the home, which made meeting the needs of people living with complex and challenging needs, look easy. They knew people well and demonstrated dedication and genuine care.
- Staff recognised people's individual needs and spent time with relatives to ensure they knew about people's life history and what interested them. This enabled staff to have conversations with people and suggest ideas of things to do that would enrich their lives. Although people had complex needs and there were identified risks with behaviours, staff worked seamlessly as a team, using distraction and moving around the home with people into different areas, to enable people to feel more relaxed.
- We observed staff responding to people by using gentle touch on hands and arms to reassure them, or by holding people's hands in order to comfort them or to get their attention. There was positive eye contact between people and staff and gentle humour was used that made the home feel very much like a family, where staff and people were truly valued.
- We observed a person who said to a staff member that they were cold. Staff immediately brought them a blanket. The person then said they were 'absolutely starving'. The staff member brought them some food. Another person was distressed and asked several times about the location of their relative. Staff reassured them and each time they did this, they were warm and attentive, showing no frustration at the repeated conversation.
- External health and social care professionals told us that they felt the staff provided exceptional care to people. Comments included, "The staff are exceptional, everybody's individual needs are met with kindness and care, the patients [people] seem very happy and contented and all the staff are very skilled at meeting some of their very complex needs" and "I look forward to my visits which I have done for some years now, and have seen many times people with complex dementia thrive with the care and kindness and patience that the skilled staff and management have."

- Our observations showed people displayed signs of well-being. One relative visited regularly and spent time with the person in their room, watching tv, chatting and being a couple as they would have done in their own home. The relative was able to go into the kitchen and get tea and biscuits. They told us how staff recognised and supported their relationship. Comments from relatives about the care people received included, "They [staff] are all I could wish for, as simple as that", "They [staff] are consistent and caring. There's nothing they wouldn't do" and "They [staff] are just brilliant, so kind. There's always someone there if you need them".
- People's birthdays, public holidays and events were celebrated with appropriate food and parties, which relatives were invited to. The registered manager told us that they involve people as much as possible in deciding how they would like to celebrate events such as birthdays, Christmas and Easter. For example, we saw that one person had recently had a birthday. There was a 'Happy birthday [person's name]' sign in the dining room and we were told that the person had chosen to go out for coffee and cake to celebrate. There was a poster up in the hallway inviting relatives and friends in for an afternoon tea that was being arranged. In the hallway there were photographs of people celebrating events with their family and friend and participating in the many activities arranged.

Supporting people to express their views and be involved in making decisions about their care:

- The registered manager and staff were exceptional at involving people in decisions about their lives. People were involved in completing life histories and these enabled staff to get to know people well. The registered manager and staff spoke to people and their representatives regularly, to ensure that they listened to them and worked together to meet their chosen outcomes.
- There was a clear culture of inclusion, where staff and people worked together to achieve outcomes that enriched people's lives. Staff ensured that all barriers that could create a split between people using the service and themselves, were removed. Staff joined people in the garden and lounge and they sat and ate their meals together creating a homely, caring approach.
- Staff used person centred and creative ways to communicate with people who had a cognitive impairment. For example, one staff member was supporting a person to go into the dining room for lunch. The person was unable verbally communicate, but the staff member made sure they had eye contact with them, smiled and gave their hand a gentle squeeze to check the person knew they were there, before explaining what they were doing. This meant that the person was able to focus on the staff member and did not become distressed. We observed staff who knew people well, interpreting changes in people's presentation and seamlessly working with them to identify what they were trying to express, whilst offering options and distraction to divert people becoming agitated. The registered manager told us the staff actively supported people to have as much freedom as they could. They said, "One person is known to become agitated at times and can want to go out of the front door. We don't stop them, but open the door and they will walk out onto the pavement, then a staff member will go out of the side door and intervene, saying something like 'oh how lovely to see you do you want to come in for a cup of tea?' the person will have forgotten their frustration and happily re-enter the home through a different door, feeling calm again."
- Many people at the service lived with a high level of confusion and disorientation. We observed one person, living with dementia, who nervously questioned whether the meal they were given was theirs. Staff immediately reassured and said, "Yes, you can have whatever you like," whilst putting a reassuring arm round them. The person smiled and then started eating their meal. This reassurance of people by staff was observed throughout the inspection and demonstrated a level of trust and guidance, to make people feel valued and in control.
- A social care professional told us that the staff were highly skilled at adapting the care and support they provided to meet the specific needs of people, so they felt valued with meaningful activities. They told us, "One person living at the service previously had a management level job and they found it hard to settle. Staff at Highfield were aware of their personal history and they gave the person a clipboard, so they could ask the staff if they 'had anything to report.' Staff then supported the person to use the phone to 'report'

their findings. As well as providing clear validation for the skills the person still possessed, in spite of their advanced dementia, this enabled them to continue to have purpose in their life and was instrumental in reducing the level of verbal and physical aggression they showed towards others."

Respecting and promoting people's privacy, dignity and independence:

- Privacy and dignity were embedded into the practice of the team and the service had policies on equality and diversity, equal opportunities and dignity at work. We saw that these were routinely put into practice.
- Staff were extremely kind and attentive towards people. We observed them having lots of time to sit with people and listen to them. They did not rush, and although some people were unable to hold verbal conversations, staff always gave people time to attempt to make their views known. This was sometimes through noises or behaviour and staff demonstrated an exceptional knowledge and skill in interpreting what people might be trying to express so that they felt valued and listened to. A social care professional told us, "They [staff] meet the needs of challenging and distressed residents with a very high level of skill, knowledge and above all, compassion."
- People were enabled to be as independent as possible. For example, one person repeatedly got up from the table when trying to eat his meal and jogged out of the room. Staff gently encouraged the person to return to the table, but they clearly demonstrated that they did not want to do this and ate while standing. Staff adapted to his needs, rather than making him conform to a traditional model.
- People's independence was continually promoted to ensure that all aspects of their daily lives were carried out in ways that suited their individual preferences. Staff were able to anticipate people's needs and ensure that a sensitive approach was taken to avoid any distress. For example, one person had formally worked as a cook. The registered manager and staff recognised that the skills the person had in this role, were meaningful to them and they wanted to continue using the skills that they had. They were encouraged to carry out tasks such as peeling vegetables and had also developed a positive relationship with the service's chef. The person was supported to make lists of food they thought the home needed, and then went out with the chef to shop for food. We were told that as a result of this, their mood had improved dramatically.
- Health and social care professionals spoke positively about how the registered manager and staff really considered people's individuality and adapted their care recognising people's skills and interests. One healthcare professional said, "They [staff] know their clients well, they respond to their needs and treat them with dignity."
- The registered manager and administrator for the home both had dogs, which they had brought into the home since they were puppies. We observed some exceptionally positive relationships between people and the dogs. One person had a particularly positive relationship with one of the dogs and liked spending time in their room with it. The person and the dog would often relax together in their room in the afternoon. In addition, people also liked to walk the dogs and we saw people taking the dogs out with staff.
- Staff went out of their way to ensure that families and visitors were welcome in the home and several family members visited very regularly. There were spaces where family and friends could sit privately with people and join them for meals if wanted. Comments from family members included, "You're always welcomed and given a cup of tea and asked if you want anything to eat. If you're worried about anything, it's no problem. I feel at home here. It's like a little family" and "They [staff] not only look after the residents, they look after us as well."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received exceptionally personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.
- People were supported to participate in meaningful activities. For example, we observed one person in the dining room playing ping pong across a dining table with a staff member. Another person was walking around the garden listening to music with headphones on and another person was helping staff plant vegetables that were to be grown in the garden. In the lounge there was some music playing, and a staff member was sat doing some drawing and colouring with a person. A staff member told us about one person who had previously enjoyed camping as a hobby. As a result, they were arranging to camp in the garden with the person when the weather got warmer. This demonstrated that the staff were innovative and enthusiastic about supporting people to be able to do activities that they had previously enjoyed.
- In addition, there was an activities coordinator who provided a variety of activities, tailored to meet the individual needs of people living at the service. For example, some people enjoyed cake making, one person liked to do washing up and folding laundry, another person liked to be in the garden sweeping up and using a wheelbarrow. There were dementia friendly items around the service such as fiddle boards and hats and handbags. In the garden there was a shed that people could go in to which had 'safe' tool boxes and plumbing equipment.
- Relative's told us that the staff knew people well and provided them with activities that recognised people's individual needs. One relative said, "I didn't expect this, but they've found activities [person] can do, things that are interesting to [person]. They tried things and they succeeded. They've got them to do ping pong and ball games. They are into new things. They will sit and cut out things at craft sessions, they would never sit at home." Another said, "They [staff] make it feel like a home. There's good activities and there's always people around." A third said, "What I like is there's lots of different areas. They just don't all sit round the walls doing nothing. There's good activities, there's always something going on and they[staff] seem to be able to accommodate everyone's abilities."
- People were also supported with activities in the community. For example, people took dogs for a walk in the local forest, went on trips to a fast food restaurant, had ice cream at the beach, visited garden centres and went to a local donkey sanctuary. In addition, specific activities were provided in the home. For example, a local nursery school visited once a month. The registered manager told us that, "Children sing with people, read to them and play games together, it's been really positive."
- Person centred care plans were developed in partnership with people and their representatives. They captured the personality of people and detailed their routines and how staff should best support them to live happy, contented lives. Staff were knowledgeable about how people wanted to be supported. Daily records of people's care and our observations confirmed that people had been supported in line with their preferences and needs. A social care professional told us, "People have very person-centred individual care

plans formulated after consultation with the person, relatives, consultant psychiatrists, nurses and social workers. Individual support is given by a small team of staff who know people very well".

- Care and support were provided in a flexible way that was regularly reviewed to meet the needs of each person. For example, the registered manager told us about one person who had a pattern of becoming unsettled in the afternoon. Staff recognised this and started offering the person a rest in their room after lunch. This resulted in a decrease in the person's unsettled behaviour.
- The registered manager and staff recognised the need to work with people, their relatives and health and social care professionals to be able to understand people well. They adapted the care and support people received, to ensure they had the best opportunities to engage with the world around them. A Healthcare professional told us, "I have been impressed with the ability of the care home to meet the needs of dementia patients [people]. They are able to manage people with dementia and manage any behavioural difficulties with non-drug approaches." A social care professional told us, "On every visit I have witnessed all members of staff interacting with people in a courteous and respectful manner. They are flexible and accommodating to people's needs and every person experiences a marked increase in their quality of life."

Improving care quality in response to complaints or concerns:

- The provider had a policy and arrangements in place to deal with complaints. These provided detailed information on the action people could take if they were not satisfied with the service being provided. The registered manager told us that no formal complaints had that been received since the last inspection.
- The registered manager and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. For example, they had recently changed the way lunchtime was organised as they had noticed it had become very busy and was impacting on people's wellbeing. Allocated staff now supported people who had higher needs first, whilst other staff supported people to come into the dining room at their own pace and sit where they wanted to. As a result, the environment at meal times was calmer and people were more relaxed with appropriate staff support.

End of life care and support:

- People's end of life wishes were recorded in their care plans. The registered manager told us that in addition, they had arranged for a nurse from the local hospice to visit and spend time with people and their families to discuss their wishes in more detail and to support staff to have sensitive conversations.
- People were supported to be comfortable and have their needs met at the end of their lives, whilst including their family members as much as possible. The registered manager and staff worked closely with healthcare professionals to monitor and assess people's needs to ensure they could continue to support them as long as possible. One relative, whose family member had passed away at the service, still visited and told us, "At the end of [relative] life, I stayed for three days and nights. I stayed, and they fed and watered me. I never went home at all and they never charged me a penny. I can't fault them. I can't praise them enough." Another relative had written a letter to the staff saying, 'I regret I do not have enough words to thank you and everyone who works at Highfield House (including buddy [dog] and his friend [dog]) for the care and devotion you showed [person] in the last few months of their life. Highfield is a model of what caring for those who cannot live at home is about. This caring extended to include myself and family. We appreciate the dignity with which [relative] was treated at all times.'

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People benefitted from an exceptionally well-led service. Care and support were tailored to meet people's needs and to ensure flexibility, choice and continuity of care. All feedback received about the service was extremely positive. A social care professional said, "I have seen first-hand the difference they [staff] make to people's lives. Highfield House provides excellent care. It is no exaggeration to say that the manager and staff go 'above and beyond' for all the residents." A healthcare professional told us, "I find the manager very approachable and if anything is requested by me, this is always met with immediately."
- Relatives of people were keen to tell us of the quality of care provided and the positive impact the staff and registered manager had, comments included, "It's unbelievable", "I was so relieved they [relative] could come here, they are all so caring. I couldn't ask for more" and "I couldn't praise them [staff] enough."
- The registered manager demonstrated a high level of skill and passion and this was shared with the staff team. We observed a staff team that were highly motivated and overwhelmingly positive about the work they did. They demonstrated clear determination to ensuring they supported people with a high standard of person-centred care. Staff we met with were keen to speak to us and we felt a vibrancy within the service.
- The registered manager and staff routinely went above and beyond to ensure that they developed a bespoke service for each person. They had fully considered people's life history and how they could support them to get the best out of living at the home, in sometimes complex circumstances.
- There was a clear management structure in place and staff passionately promoted high quality, person centred care. Staff had significant skills and knowledge in working within people living with dementia and cognitive impairment. They used their skills to ensure there were consistently positive outcomes for people. When we spoke to staff they demonstrated their knowledge and were able to expand the conversation and discuss in detail why they supported people in specific ways, such as describing a person's behaviour and the possible reasons for it. One staff member, when asked about people they supported, was able to succinctly tell us how a person's needs were met. They referred to legislation that protected the person's rights and how best practice guidance was used to best effect.
- The previous performance rating was prominently displayed in the reception area.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The staff team was extremely stable and highly motivated and as a result, people were cared for by competent and enthusiastic staff who knew them well. The registered manager told us, "I have brilliant staff

who are very committed."

- Staff were aware of the provider's values and were proud to work at the home. Comments from staff included, "It's brilliant here, I love it and wouldn't want to leave, we are in it for the people" and "It's a really good place to work, I can't see me moving anywhere else."
- The whole staff team's passion was evident throughout the inspection and people using the service trusted the staff and made positive comments about them. Comments from people included, "They look after you really well", "The staff are ever so nice to you" and "They [staff] help you with anything. They're kind."
- Staff talked about the training they had received and how it had helped them to provide excellent support to the people using the service. One staff member said, "We are learning all the time, our training is really up to date."
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- The provider regularly visited the service and had oversight of the quality of care being provided and provided a positive mentor role and support for the registered manager. In addition, the provider had a health and safety lead who carried out regular environmental health and safety, and fire safety checks.
- The registered manager told us that support was available to them from the provider. They were also able to raise concerns and discuss issues with the registered managers of other locations owned by the provider, using a private social media forum.
- The provider had robust quality assurance processes that had recently been reviewed and updated to ensure monitoring of the service provided, was thorough and effective. The provider had an electronic system which the registered manager accessed to record their checks and monitoring of the service. The provider reviewed this and arranged for any actions identified to be carried out promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were at the heart of what the service did. Although people living at the service had significant cognitive impairment, they, their families and representatives were involved and consulted on an ongoing basis. One relative said, "They've [staff] got time for everyone. It's like a family really." Another told us that they feel very involved and kept up to date with what is happening for their relative. They said, "I've given them [staff] permission to send photos when [person] is out and about. It gives me peace of mind when I'm at work to see [person] is having a nice day in the sunshine."
- People's individual life choices and preferences were consistently met. The registered manager and staff team were highly skilled and clear about how they met people's human rights. People and families were involved in planning care and support and the registered manager regularly spoke to people and involved them in decisions about the service.
- Staff were overwhelmingly positive about the registered manager and provider. One staff member said, "The manager and provider are so helpful and supportive, it's like a big family here, everyone gets on so well and there is always someone to support you if you need it."
- The provider had counselling and occupational health services available for staff if they needed it. They had also developed staff wellbeing tools to assist staff to stay healthy in their roles.
- The provider sought feedback from people living at the service, their families and representatives, external professionals and staff. Comments showed extremely high levels of satisfaction from relatives of people using the service, staff and external professionals. One comment from a relative said 'Highfield House is what every care home should be, management and staff are fantastic, it has changed our life for the better.' I'm thrilled [person's name] couldn't be in a better home; 'I am happy that my [relative] is at the best home ever.'

Continuous learning and improving care:

- The provider had suitable arrangements in place to support the registered manager and to provide

opportunities for continual professional development. For example, regular managers meetings were held and when incidents had occurred at one of the providers other homes, these were openly discussed and explored to consider if lessons could be learnt. At each management meeting a member of the provider's management team, was given an area to research and deliver information to the other managers. This meant that the management team were actively seeking information to keep themselves up to date with latest guidance and best practice. In addition, the provider arranged for external training to target specific areas where the service wished to improve and develop their practice further. For example, the registered manager told us about some recent mental capacity training the management team had received to ensure they were following best practice.

- Staff were very much valued by the organisation and focused on their wellbeing. One staff member told us that the registered manager was flexible about the hours they worked so that they could meet their own caring responsibilities. Staff felt able to put forward suggestions for the running of the service and they said that their opinions were valued, and they felt very well supported.
- Three staff from the home had recently been nominated for local area 'care partnership' awards. One staff member from Highfield House, had won 'dementia carer of the year'. The other two staff had won runner up for 'chef of the year' and the 'my hero' award that they had been nominated for by a person's family. These achievements were celebrated by the staff team and recognised as best practice. In addition, the provider had won an award for 'outstanding contribution social care award.'

Working in partnership with others:

- The provider offered training and support to families using their services. For example, training to understand dementia and how it can present in people, mental capacity awareness and finances, were available free of charge to families. This demonstrated that the provider and staff team at Highfield House wanted to work collaboratively with families to achieve positive outcomes.
- The provider also started 'dementia cafes' in the local community, which are social events for people and their families to get support from other carers and volunteers. They are not part of the provider's business but demonstrate their commitment to working with others to improve outcomes for people with dementia.
- The registered manager told us that they worked collaboratively with external health and social care professionals. The local GP visited the home each week as part of an arrangement to review and monitor the health needs of people living in the home. We observed the registered manager liaising with social care professionals during our visit, to ensure that the increasing needs of people living at the home were met.