

# Castlemeadow Care Home (Halesworth) Ltd

# Highfield House Care Home

## Inspection report

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Halesworth  
Suffolk  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Highfield House Care Home is a residential care home providing accommodation for up to 40 people. The service is arranged over two floors and a third storey referred to as a mezzanine. At the time of this inspection there were 32 people using the service.

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

People told us they were happy living at the service however, we identified some shortfalls that had not always been picked up or fully actioned through the providers governance systems.

Staffing levels remained a concern since our previous inspection. The registered manager and provider told us they were taking action to increase staff at night and review the responsibilities and deployment of staff during the day. Staff were recruited safely, and they received appropriate training and support to equip them with the necessary skills.

At our last inspection we had concerns about the safe management of people's medicines and found a breach of the Regulations. At this inspection there were some concerns with the completion of medicines records, however, overall, there were some improvements and medicines were generally stored and managed well.

Staff knew how to safeguard people from the risk of harm and abuse and had a good understanding of how to recognise and report potential harm or abuse and were confident the provider would take action in line with local safeguarding procedures. People and relatives praised staff for being kind and caring.

The registered manager took prompt action when informed of our findings and was keen to make any improvements necessary and to continue moving the service forwards.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 13 January 2021). At that inspection there was a breach of 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found concerns with staffing levels continued. This was a breach of Regulation 18 of

the Health and Social Care Act (Regulated Activities) Regulations 2014.

#### Why we inspected

We received concerns in relation to a potential safeguarding concern. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Highfield House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. 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 Expert by Experience spoke with people's relatives on 27 May 2021 over the telephone.

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#### Service and service type

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

The service had a manager 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We also spoke with two care staff, the deputy manager, registered manager, the regional manager and the managing director. We also had email contact with a further five staff who provided their feedback.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant in some areas of the service there was limited assurance about safety.

### Staffing and recruitment

- At our last inspection the registered manager had completed an assessment setting out current staffing levels according to the needs of the people using the service. Following that inspection and feedback about staffing the registered manager told us they were reviewing staffing numbers and recruiting additional staff. We found at this inspection that many people, their relatives and staff still had concerns.
- The majority of feedback that we received told us there were insufficient staff to meet people's needs in a timely manner. One person said, "There is never enough staff – you have to wait, this happens all of the time." Another person told us, "I need help in the toilet with my clothes but there is no one to help me and they don't come when you call."
- Half of the care staff we spoke with told us they felt staffing levels were not sufficient to meet people's needs and described 'pinch points' in the day where they were particularly under pressure such as mornings between 7am and 10am when a lot of people were requesting assistance to get up.

The staffing concerns were a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke at depth with the registered manager and the managing director for the provider company about the staffing levels. They told us they were actively trying to recruit new staff and that agency staff were used to fill any staffing gaps. They also told that they were already increasing the night staff numbers and were reviewing the staff rotas and shift times. This piece of work also included a review of the deployment and organisation of staff on shift as they had identified this would result in improvements to the responsiveness of the staff.
- People were supported by staff who had been recruited safely. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

### Using medicines safely

- At our last inspection we found improvements were needed to ensure people's prescribed medicines, including controlled drugs were stored, administered and disposed of safely in accordance with relevant national best practice guidance. This was a breach of the regulations at that inspection.
- At this inspection whilst there were improvements there remained an issue with the accurate completion of records. Topical cream charts and pain relief patches records were not always completed consistently. Random sampling of people's Medication Administration Records (MAR) showed some had missing signatures.

- At our last inspection we were concerned that there were no clear protocols in place to guide staff when medicines prescribed on an 'as required' (PRN) should be administered. At this inspection these charts were still not available to staff who were administering people's medicines. However, the registered manager assured us that the PRN charts were in place but had been mistakenly removed from the records during the monthly medicine's changeover.
- Stock balances of medicines were recorded, and we saw these were an accurate reflection of the actual stocks held.
- Medicines were securely stored in designated medicine cabinets. Staff administering medicine had completed relevant training and had been assessed as competent to do so. Temperature monitoring was in place to ensure medicines were stored in line with the manufacturer's guidelines.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our previous two inspections we found that identified personal risks to people's health and welfare had not always been fully assessed or steps put in place to keep them safe. We found improvements at this inspection however further work was needed to ensure people who were at risk of developing pressure ulcers had clear care plans in place.
- One person who was receiving care for a pressure ulcer had a care plan which stated they should be repositioned every two hours however the recording chart in place specified four hours. Records of assisting people to reposition contained gaps which meant staff could not be confident that the person had been assisted to change their position to help prevent deterioration of a pressure area or ulcer.
- The registered manager told us that new repositioning charts were being implemented which would be clearer to enable staff to offer consistent support to people. There were also implementing a change in working practices to give greater responsibility to senior staff in checking and oversight of records of care.

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

- The service had systems to protect people from risk of abuse. People told us they felt safe at the home and relatives had no concerns about their family member's safety.
- Staff we spoke with were clear about safeguarding and said that they would report to the home's manager or external agencies if needed. Staff had confidence that any concerns would be dealt with by the registered manager or provider.
- Information was displayed for staff which signposted them to the providers safeguarding procedures and how they could whistleblow should they have needed to.
- Staff received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare should they have had any.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. We noted staff were wearing their uniforms to and from the premises which could increase infection control risks. When we raised this with the managing director, they took immediate action to arrange for all staff to be supplied with 'scrubs' to be worn at work. This meant the 'scrubs' could be put on by staff on arrival to work and then removed prior to them leaving work.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or



managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- At our last inspection people's health, safety and wellbeing was being compromised. At that time there was ineffective governance and poor oversight at manager and provider level due to frequent changes of manager.
- At this inspection we found continued concerns about staffing levels. Feedback from people, many relatives and staff was that there continued to be insufficient staff to meet people's needs in a timely manner, particularly during the mornings. Following our previous inspection, we were told that staffing levels were being reviewed however we still received consistent feedback that there were not enough staff.
- We also found at this inspection some concerns remained with the safe management of medicines. Records were not always accurately maintained and the providers auditing systems had failed to identify and fully address these.
- The registered manager was being supported by a new regional manager and managing director of the provider company, all of whom displayed a commitment to making changes and were aware of what the areas were requiring improvement.
- Staff spoke positively about the registered manager and the changes and support they were making. One staff member said, "The [registered manager] is very approachable and the [regional] manager is great too. The [registered manager] is very understanding and really listens but will also let you know if they are not happy. There have been a lot of staff changes and things feel like they are getting better." Another staff member commented, "Management are always there if you have any issues and always listen and help."
- The registered manager and provider understood their responsibility to notify the CQC and other agencies of any significant events.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider understood their responsibilities under Duty of Candour. People and their relatives told us the registered manager was approachable.
- Relatives were positive that they were kept updated and informed. One relative said, "[Family member] has had various falls since being at Highfield Care Home. These falls were managed well, and I was kept informed every time [family member] had a fall. I would have no hesitation in recommending this home to

anyone requiring a care home."

- The management team were open and transparent during our inspection and the conversations we had with them afterwards. They welcomed our feedback and were keen to make any necessary improvements needed.

Working in partnership with others

- The service worked with medical professionals, community services and local authority social workers.
- Information was shared appropriately where required.
- Links with the local community were maintained to promote independence and wellbeing for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were insufficient staff to meet people's needs in a timely manner. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.