Eagle Care Homes Limited

Highfield House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Highfield House is a large detached house situated close to the centre of Heywood. The home is registered to provide accommodation and personal care for up to 25 people. On the day of the inspection there were 22 people accommodated at the home.

The service were last inspected in June 2015 when the service did not meet all the regulations and were given two requirement actions for dignity and respect due to the loss of laundry and people wearing clothes that did not belong to them and for people's care plans not being person centred. The service sent us an action plan to show us how they intended to meet the regulations. At this inspection we saw the improvements had been made and the regulations were met. This unannounced inspection took place on the 24 and 25 January 2017.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report concerns to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. There were sufficient numbers of experienced staff.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

The home was clean and tidy. The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us food was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest

decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given the information on how to complain with the details of other organisations if they wished to go outside of the service.

Staff and people who used the service all told us managers were approachable and supportive.

Regular meetings with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The registered manager and area manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

There were sufficient activities to provide people with stimulation if they wished to join in.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service.

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.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

The recruitment of staff was safe and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were caring and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Highfield House

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by one inspector on the 24 January 2017. We went back to complete the inspection on the 25 January 2017.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams for their views about the service. They did not have any concerns.

We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with three people who used the service, one relative, the registered/area manager, the manager, area support staff member and the cook.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for eleven people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "They saved my life. I fell over before I came here. I feel very safe now", "I feel safe here" and "I feel safe here and my family think so too." A visitor also said, "I think [my relative] is safe here."

At the last inspection the laundry service was poor. Some people and relatives complained that clothes were going missing or the clothes they had on did not belong to them. Since this inspection the service had taken an inventory of people's clothes and labelled clothes to help prevent errors. We have not received any further complaints.

People who used the service told us, "I like my room. They keep it very clean and tidy. They do the washing for you" and "They keep my room very clean and the home never smells." A visitor said, "My relative has a nice room. It is very clean and tidy. It never smells. The cleaner does a good job."

During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

We looked in the laundry and saw there was a system for cleaning clothes and returning them to people who used the service. There was one industrial washer and dryer. The washing machine had a sluicing facility to safely wash soiled linen. The service user colour coded bags to safely handle contaminated waste or linen.

There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons. We observed staff used the equipment when they needed to. There had been a visit by the local authority infection control team and the home had scored highly for the systems they had in place.

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Staff we spoke with were aware of the protection of vulnerable adults and said, "I have had safeguarding training. I would report poor practice" and "I would report any signs of abuse. I would report it to the local authority if it was a manager." The manager had responded to any safeguarding issues and reported them to the local authority. This included reporting other services to protect people who lived at

the home. There were systems to protect people from possible harm.

A person who used the service said, "There are enough staff to look after us. They come straight away." A visitor said, "There are enough staff to meet people's needs. There is always someone you can get hold of." Two staff members said, "There are enough staff. We are meeting people's needs. I get time to sit down and chat to someone. It is lovely and they make me laugh" and "There are enough staff here. We get chance to talk to the people who live here." On the day of the inspection staff present included the registered manager/area manager, the manager (who was applying to register with the Care Quality Commission), area support staff member (this is a member of staff who has been a registered manager and visits the group homes to offer support and advice), a team leader, two care staff, the cook, a domestic assistant and a maintenance man. The off duty showed this was normal for the service. Since the last inspection management were using a tool to help them determine the dependency of people who used the service and the number of staff they needed. There were sufficient well trained staff to meet people's needs.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift, slings, hoists and the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. We saw that staff entered any faults in a booklet which was signed off when any work had been completed. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a maintenance person on duty to repair or replace any defected equipment. One the day of the inspection we saw the maintenance person replacing equipment in the laundry. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

People who used the service said, "I get my pills when I am supposed to" and "I get my medicines on time. They got me a doctor and put me on pain relief. It has helped."

We looked to see if people got their medicines as prescribed. We observed a member of staff administering medicines and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so and had their competency checked by the registered manager to ensure they continued to safely administer medicines. We looked at eleven medicines administration records (MARs) and found they had been completed accurately. There was a photographic record of each person to help prevent errors. There were no unexplained gaps or omissions.

We saw staff counted the medicines and signed the MAR when they came from the local pharmacy and two staff signed any hand written records.

Medicines were stored in a trolley in a locked room. Dressings and food supplements were stored in separate cupboards. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines.

There was a controlled drug cupboard and register. Controlled drugs are stronger medicines which require safer storage and administration. We checked the drugs against the number recorded in the register and found they were accurate. Two staff signed to show the controlled drug had been administered and the number remaining checked after they were used.

Staff members audited the system weekly and the manager conducted regular audits including a full monthly check. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date. Night staff had been trained in medicines administration and gave any medicines that required to be given early or prior to breakfast.

There was a signature list of all staff who gave medicines for management to help audit any errors. The service had a copy of the NICE guidelines for administering medicines. This is considered to be best practice guidance for the administration of medicines.

We looked in the trolley and saw medicines were stored in a bio-dose system. The trolley was clean and tidy and not overstocked. There were sufficient supplies of medicines. Any medicines that required returning to pharmacy were done so in a tamper proof box and staff signed to say they had witnessed the disposal.

Off the shelf creams and lotions were stored in people's rooms. Medicated creams were given by trained staff. The service used body maps to direct staff on where to apply them.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

We looked at three plans of care during the inspection. We saw people had risk assessments for possible falls, the prevention of pressure sores, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician. We saw the risk assessments were to help keep people safe and did not restrict their lifestyles.

There was also environmental risk assessment to ensure all parts of the service were safe. This covered topics like tripping hazards, faulty or broken equipment and the outdoor space.

We saw the manager sent us notifications of incidents and accidents. We saw there was a system to analyse them to help prevent any further occurrences.

Good

Is the service effective?

Our findings

People who used the service said, "The food is brilliant. If anything you get too much. I like to eat in the dining room", "The food is lovely. Good meals. I had two puddings today" and "The foods all right and you get a choice." A visitor said, "They are obliging, if [my relative] does not like the meal they will make something else."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We were present in the dining room for part of the inspection to observe a mealtime and saw that staff were attentive and talked to people who used the service. People could take their meal in their room if they wished. We saw that where required people were assisted to take their diet in an individual and dignified way.

There were sufficient tables and chairs to comfortably seat everyone. Tables were attractively set with tablecloths, linen napkins and a flower arrangement. People were able to flavour their food to taste with the available salt, pepper, two sauces and vinegar.

There was a choice at each meal and other foods available at any mealtime. There was a four weekly menu cycle. The menu was displayed in both dining areas and the service used photographs of the meals served to help aid people with choosing what they wanted. The manager said they also found the best way to help people choose what they wanted was to show them the actual meals.

People could choose from any of the usual breakfast foods. There was a choice of the meal at lunch time, which was the main meal of the day and a choice of a lighter tea. Hot or cold drinks were served with meals, at set times during the day and upon request.

We spoke with the cook who told us they received the food preferences, likes and dislikes from care staff when they had been assessed. The cook also had a list of any special diets people required such as pureed food. Food preferences were also recorded in the plans of care. Each person had a nutritional assessment and we saw that where necessary people had access to specialists such as dieticians or speech and language therapists (SALT). People's weights were recorded regularly to ensure they were not gaining or losing weight. The manager told us a dietician came in and taught staff about nutritional topics.

The kitchen had achieved the four star good rating from the last environmental health inspection which meant food ordering, storage, preparation and serving were safe. Recommendations made at the inspection had been completed. We went into the kitchen and found it to be clean and tidy. We saw there was a cleaning rota and a good supply of fresh, frozen, dried and canned foods. This included fresh fruit. We saw there was some advice around allergens and allergies were recorded in the plans of care and medication records. The cook said she would get allergen advice on all the products she could.

Two staff members said, "The induction was brilliant. They gave me three days with experienced staff and I completed the induction. They introduced me to all the people and staff" and "I completed the induction

when I started here. It was a different induction. It was very thorough. I was also supported by experienced staff." The last two staff members had worked in another care home and did not need to complete the care certificate. However, the care certificate documentation was available for new staff who had not worked in the care industry before, which is considered to be best practice. We saw that staff had completed the homes induction which was very thorough and included training around safeguarding and moving and handling. The manager said they liked to use the induction process even for staff employed with qualifications so they knew what was expected at Highfield House. New staff were supported to meet people's needs.

A person who used the service said, "They know what they are doing." Staff told us, "I feel confident we are trained well enough to look after people" and "There is training coming up. Refresher training. I have worked in other homes and I completed the training there. I think I have done enough training to do the job."

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding and fire awareness. Some staff had received further training in the care of people with dementia, palliative care, urinary tract infections and training for behaviours that may challenge. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care. We saw that refresher and further training was planned for future dates. Staff were sufficiently well trained to perform their roles.

Staff told us, "I have had regular supervision. If I have any problems I can go to the manager. We have talked about my completing the level two diploma in health and social care and then doing level three" and "You can bring up your training needs during supervision." We saw that supervision was around every two months and appraisal yearly. The manager used a matrix to show when a person next needed supervision although we saw sometimes this was more often conducted for medicines competencies. Regular supervision and appraisal gives managers and staff time to reflect upon practice and decide how best each individual can improve their knowledge and performance.

A person who used the service told us, "I am waiting for the doctor. He has been twice lately. They get the doctor for you if you need them. I am also waiting for physiotherapy. They are coming next week."

From looking at three plans of care we saw that people who used the service had access to professionals, for example psychiatrists and other hospital consultants, community nurse specialists and district nurses. Each person had their own GP. This meant people's treatment was regularly followed up and any new treatment could be commenced.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. Most members of staff had been

trained in the Mental Capacity Act 2005 (MCA 2005).

We saw from three plans of care that people had a mental capacity assessment which was reviewed regularly. Where people lacked mental capacity a best interest meeting was held. On the second day of the inspection a senior care staff member attended a best interest meeting for a person who used the service. Best interest meetings included professionals and family members if appropriate. There were eight people who had a DoLS in place. This meant people's rights were protected.

We saw that people had signed their plans of care when they could to agree to their care and treatment. Where this was not possible for people who lacked mental capacity a best interest decision meeting was held and an application was made for a DoLS.

We toured the building during the inspection and visited all communal areas, seven bedrooms and the bathrooms. The home was clean, warm, tidy and did not contain any offensive odours. The communal areas were well decorated and had sufficient seating for people accommodated at the home. The communal areas were homely in character and a television was available for people to watch if they wished. We saw that activities were provided in the lounges. Some people preferred or needed to remain in their rooms. One person told us they had were able to choose where they wanted to be and another said they had stayed in their room whilst they waited for the doctor.

Bedrooms we visited had been personalised to people's tastes. This included people's own televisions and photographs of family members and ornaments. Most rooms had en-suite facilities.

There was a lift to access both floors and there were hand rails along the corridors to help people move independently if they could. There was a choice of bath or shower and baths had a hoist to assist people with mobility problems. There had been improvements to the facilities with the addition of a wet room, which the manager said people now seemed to prefer over a bath. There were hoists and slings to help mobilise people and other equipment we saw included frames to help people walk and pressure relieving devices.

The garden was accessible for people to use in good weather and contained chairs and tables for people to relax and socialise.

Good

Is the service caring?

Our findings

People who used the service said, "They look after me very well. I could not ask for more. The staff are very caring and good fun. I am very happy here", "When you get used to giving up your home it is very good. I have settled now and it is my own home here. We have a good laugh and a bit of fun. The staff are all lovely and very caring" and "I am not so bad. It's all right. The staff are all kind. I have a permanent smile on my face here."

A visitor said, "The girls are second to none. They really are excellent. They have a bit of banter with my relative." Two staff members said, "I love it here. I worked at another care home. It is much better here. I like to make sure people who live here are warm, fed and happy and I get my reward from that" and "It is a good place to work and I think people here are happy."

We sat in the dining room for most of the inspection and observed how staff interacted with people who used the service. Staff were professional, polite and had a good rapport with them. We did not see any breaches of privacy or witness anyone being treated in an undignified manner. We saw that staff also laughed, joked and joined in with the activities when they could. We also saw staff sitting and talking to people who used the service.

Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that personal records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. Staff completed a 'This is me document' which gave staff details of a person's background. There was also a record of a person's spiritual or religious needs.

People could attend religious services regularly and take holy communion if they wished to practice their faith in this way.

A person who used the service told us, "I get visitors a lot and they can come when they want."
A visitor said, "The staff are very welcoming. They will ask if you want a drink and I can visit when I want." We saw that visiting was open and unrestricted. We observed that any visitors were welcomed into the home and were told people could have their visits in private if they wished. People were encouraged to maintain relationships with their family and friends.

Some staff had attended end of life care training and the manager told us they were hoping to access training being provided by the local hospice. The basic details of people's end of life wishes were recorded in the plans of care. This meant that staff should be aware of how to support people and their families if their condition deteriorated.

We saw in the plans of care that people had access to the advocacy service or independent mental capacity advisors. These are independent professionals who act in a person's best interests to help protect their rights.

Good

Is the service responsive?

Our findings

At the last inspection plans of care were not person centred. We saw at this inspection the care plans contained a good background history and people's likes and dislikes, for example food, had been included. The 'This is me document' enabled staff to tailor care to suit a person and we saw that the plans were developed with people who used the service or where appropriate a family member. This showed the service were now providing more person centred care.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

A visitor said, "They let me know if anything is wrong and they always keep me up to date with any changes." The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people had done or how they had been to keep staff up to date with information.

Staff had a handover at the beginning of their shift. A handover is used to keep staff up to date with any changes to a person's care or if they were attending activities or appointments they needed staff support with.

People who used the service said, "I feel confident to complain if I had to" and "I would talk to my family or staff if I had any concerns" and "I have no complaints." A visitor said, "I have no complaints at all. If I had a complaint they would sort it out."

There was a suitable complaints procedure for people to raise their concerns if the wished. Each person had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission and Rochdale Borough Council. We saw that there had been two complaints which had been fully investigated and a satisfactory conclusion reached. The service responded to any concerns people had.

People who used the service told us, "I join in the activities when they are on if I am well enough", "I join in the activities. I like them and there are plenty" and "We had a gorgeous Christmas party, best Christmas I have had for ages. We also have pyjama parties. There are entertainers, they have taken me to church and

we had a carol service. I like to watch films. We also watch films as a group. I went to the hairdresser yesterday."

A visitor said, "Sometimes I see the activities. People seem to enjoy themselves."

At the last inspection the service had a recommendation to explore more useful activities. We saw that at the monthly 'resident' meetings activities were discussed and any useful ideas added to the activities programme. This meant people were attending activities of their choice. We saw that more baking was asked for at one of the meetings and the service bought more equipment. One staff member who sometimes worked as a carer now also specialised in providing activities and care staff also joined in. On one day of the inspection we heard a musical activity being held.

Other activities people could join in included themed lunches, darts, knitting, nail painting, cake making, 1 – 1 conversations, board games, sing a longs, hand massage, pamper sessions, bingo, pet therapy, reminiscence, hair dressing, soft ball games, ten pin bowling and arts and crafts. There were also special days such as a pyjama party. Outside entertainers visited the home to provide songs people could join in with. One person we visited in their room said they liked to watch television. There was an activities log where all activities people were involved in was recorded. Activities were also displayed on a notice board to enable people to attend if they wished.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager is also the area manager for the group of homes. A new member of staff was in day to day control and conducted the inspection with us. This member of staff had applied to become registered manager and was due to attend an interview to complete the process.

We asked people who used the service how they thought the service was run. People who used the service said, "The manager is very good. She is dedicated and caring", "The manager is all right. They are all good" and "The manager is around and you can talk to her."

A visitor said, "The new manager is very obliging and gives you all the information you need. They are a good team. I am really happy with the care they give here."

Two staff told us, "The manager is very approachable. There is a good staff team here. One of the best I have worked in. I think the home is very well run" and "The manager is very approachable and supportive. There is a really good team. The home is well run. Better than the last one I worked in." All the people we spoke with thought the manager was approachable and led the home well.

Monthly meetings with people who used the service gave them the chance to have a say in how the home was run. Topics on the agenda included food, activities, the environment for decoration and comfort and introducing new staff. Tea and cakes were served at the meeting and we it was usual for around ten people to attend. Each person was asked for their opinion.

Staff meetings were held regularly and were held for the whole staff group and also separately for team leaders. The team leader meetings were to give the manager an opportunity to say what was expected of the role and their duties. The last meetings for staff were in November 2016 and topics covered moving and handling, the meal time experience, use of PPE, communication, medication, environmental improvements, annual leave and other work related items. 14 staff attended and were given a chance to speak. The manager also held meetings with the night staff and addressed their particular needs.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

We looked at some of the policies and procedures which included confidentiality, DoLS, the Duty of Candour, DoLS, whistle blowing, safeguarding, complaints, business continuity, health and safety,

medicines administration and infection control. We saw the policies were reviewed regularly and all staff signed them to say they had read them. Staff had the opportunity to follow up to date policies and procedures to follow good practice guidelines.

The manager conducted regular audits which included infection control, medicines, bathing, weights, notifications to the CQC, health and safety, accidents, supervision and appraisal, training, the environment, care plans, complaints and compliments, admissions and discharges, the kitchen and food. The audits helped the manager to maintain or improve the quality of service provision.

The area manager also completed quality assurance audits. At the last audit of November 2016 checks were completed in areas such as moving and handling, mental capacity, relative communication, staff etiquette (this was then put on staff meeting around the food experience), use of PPE, signage for people who have a dementia, rotas, the dependency tool, activities, files such as fire records, the training matrix and medicines administration. We saw that a list of 'to do' items were recorded, who was responsible and when the tasks had been completed.

The service sent out quality assurance questionnaires to people who used the service and asked questions around the care and services they provided. The results were positive and where someone had raised an issue this was addressed. For example in the meals question a person said they did not like fish and a member of staff went and discussed alternatives. This shows the service responds to what people want.

We looked at the most recent cards and thank you notes sent by relatives. Comments made included, "You led me so caringly through some of the worst hours of my life. You made sure I had no regrets about how I handled the last moments", "Thank you so much for looking after and caring for [our relative]. You are all amazing", "Thank you to all the wonderful people who provided excellent care", "Thanks for all the care [our relative] received at Highfield House. We had not seen her so happy for years", "Thank you for all the kindness, love and care" and "Thank you so much for all the kindness, care and attention given to our relative. It is comforting to know that she was happy with you and well looked after." Relatives took the time to send cards to express their appreciation to staff at Highfield House.