

Highfields Limited

Highfields Nursing Home

Inspection report

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Bulwell
Nottingham
Nottinghamshire
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Date of inspection visit:
28 March 2019
29 March 2019

Date of publication:
29 April 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Highfields Nursing Home is a care home that was providing personal and nursing care to 24 older people including people with a physical disability and people living with dementia.

People's experience of using this service:

- The provider had not acted on concerns raised at our previous inspection regarding the hallway carpet and laundry flooring, both of which posed an infection control risk. We made a recommendation to the provider to address this.
- Relatives and staff told us there were not always enough staff available to meet people's needs.
- Staff felt well supported by the management team but did not always feel valued by the provider.
- Not all mental capacity assessments and best interest assessments had been updated in consultation with people's loved ones. However, action was being taken to address this.
- People's likes, dislikes and preferences were taken into consideration and support was individualised.
- People were supported by staff that understood the principles of the Mental Capacity Act (2005) and respected people's choices.
- Quality assurance systems and processes had been implemented but were not embedded in practice. The registered manager understood the legal requirements of their role.
- The home was clean, odour free and a dementia friendly environment.
- People felt safe living at Highfields Nursing Home, they were supported by staff that had been safely recruited and received training relevant to their roles.
- People were supported by staff that were kind and caring. People's privacy and dignity was respected.
- People had access to a wide range of activities and were encouraged to be as independent as possible.
- People knew how to complain and felt confident complaints would be responded to.
- The provider was committed to developing the skills and knowledge of the care team. Staff received training appropriate to the needs of the people they were caring for.
- People had good health care support. When people were unwell, staff promptly sought support from the appropriate health professionals.

Rating at last inspection: Requires Improvement (11 August 2018), with Inadequate in well-led

Why we inspected: This was a planned inspection based on our previous rating of requires improvement.

Enforcement:

At the previous inspection we found the service to be in breach of Regulation 9 Person-centred Care and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection we found the service were no longer in breach of these regulations.

Details of action we have asked the provider to take can be found at the end of this report.

Follow up: Following our inspection, we requested an action plan and evidence of improvements to be made in relation to premises and equipment. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. Should further concerns arise we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Highfields Nursing 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. 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 team consisted of two inspectors, and a specialist advisor with expertise in end of life care.

Service and service type:

Highfields Nursing Home is a care home. People in care homes receive accommodation and personal care. 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:

The inspection was unannounced.

Inspection site visit activity started on 28 March 2019 and ended on 29 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return (PIR). 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. The provider completed and returned the PIR in

March 2018 and we considered this when we made judgements in this report.

During this inspection we spoke with four people who used the service and the relatives of four people. As part of this inspection, we spent time with people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us.

We spoke with 14 members of staff including the registered manager, deputy manager, area manager, unit manager, clinical lead, activity co-ordinator, one agency nurse, two senior carers, two carers, two domestic cleaning staff and one kitchen assistant. We spoke with two visiting healthcare professionals.

We reviewed four people's care records, four recruitment files, and other documents relating to the management of the service such as policies, audits, meeting minutes, medicines administration records, notifications we received from the service, audits, records of accidents, incidents and complaints.

We requested and received policies relating to the running of the service, training records and maintenance logs following our inspection.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection:

- At our last inspection we found an area of flooring in the laundry missing posing an infection control risk. The area manager told us these concerns would be addressed. At this inspection we found the area of the floor still missing, exposed cement on the floor and a rusty radiator in the laundry room. We also found the stained carpet had not been replaced. We discussed our concerns with the area maintenance manager who told us the laundry flooring and carpet would be replaced by the end of May 2019.
- Staff had good knowledge of infection control requirements and access to personal protective equipment such as gloves and aprons. We observed these to be used appropriately.
- The remainder of the home was clean and odour free. One relative told us, "The one thing I like is, you come through the door and you don't get a smell of [urine], I've been to other homes and it's the first thing you notice." Another relative told us, "The cleanliness is fantastic."
- Highfields Nursing Home was inspected by the Food Standards Agency in September 2018 and received a rating of 'Very Good'.

Staffing and recruitment:

- People told us staff were always available to meet their needs. However, a relative told us, "Sometimes at the weekends it is busy and they [home] are struggling with staff." One staff member told us, "There are not always enough carers, when [name] is distressed, the dynamic changes as other people get more agitated... no two days are the same, it's difficult to plan." Another member of staff told us, "An extra member of staff would make a difference... If I am helping people with personal care, I am not keeping an eye on what is going on."
- We observed there to be times communal areas were not monitored as staff were supporting people with personal care. This put people at an increased risk of falls.
- The registered manager completed the providers dependency tool to determine the level of staff needed to safely meet people's needs. Rota's showed staffing was provided as per assessed need. We recommend the registered manager and provider review staffing levels and the deployment of staff to ensure people's needs are being met.
- The provider had a robust process for ensuring new agency nurses had an induction. However, we found this was not always being completed. We discussed this with the registered manager who told us this would be addressed.
- Comprehensive recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff and volunteers. This included seeking an enhanced disclosure and barring service (DBS) check and references.
- The provider told us they planned to check whether there had been any criminal convictions after people's DBS check, during supervisions.

Assessing risk, safety monitoring and management:

- Equipment was serviced as per the manufacturers guidelines. However, we found monitors for testing people's blood sugar levels had not been checked to ensure they were accurate. We raised this with the manager who told us they would replace these and ensure they were checked or replaced regularly going forward.
- Risk assessments were reviewed monthly or as people's needs changed and risks to people's safety and well-being were understood by staff. One staff member told us for a person at risk of falls, "I have to make sure [names] bed is low to the ground and movement sensors are on."
- Some people required continuous support and monitoring by staff. During our inspection we observed this support to be provided. One staff member told us, "I always make sure I have everything with me I need as I can't leave [name]... I would need to use the call bell to get help."
- Evacuation plans were in place with clear instructions for staff to support people to leave the building safely in the event of a fire.
- Records showed health and safety checks had been regularly completed such as checking electrical appliances, firefighting equipment and water temperatures.

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

- People felt safe living at Highfields Nursing Home. One person said, "It's the staff that make me feel safe." A relative told us, "It's important my [relative] is safe, and [name] is here."
- We observed people's call bells to be in reach. People told us staff attended promptly. One person told us, "I use it [call bell] if I need it, they [staff] come quick."
- Safeguarding systems and processes were in place and embedded in practice. The registered manager ensured all notifiable incidents were referred to the Local Authority and CQC.
- Staff knew how to recognise and report abuse. One staff member told us, "I would be the first to go to the manager, and if they were not available I would be straight on the phone [to CQC]."
- Records showed safeguarding concerns had been raised with the management team and appropriately addressed to ensure people received safe care. For example, a concern had been raised by staff regarding a relative providing unsafe care. This was investigated and measures put in place to keep the person safe.

Using medicines safely:

- Medicines audits had identified staff were not always dating when medicines packets or creams were opened. The clinical lead told us this would be addressed at the team meeting and with individual staff.
- Staff followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Protocols were in place for the administration of as required medicines and provided enough detail for staff to know what medicines to give and when.

Learning lessons when things go wrong:

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were regularly audited to check for trends or patterns and identify learning. For example, following falls referrals were made to falls specialists, occupational therapists and physiotherapists.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. 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. The provider had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.
- Where people lacked capacity decision specific mental capacity assessments had been completed. However, best interest decisions had not always been made in consultation with the person, and their relatives and some mental capacity assessments had not been reviewed within the last two years. We brought this to the attention of the registered manager who advised these are being reviewed and are aware some are outstanding.
- During our inspection we observed people to be offered choice. Staff supported people in the least restrictive way possible. For example, one person at a high risk of falls, was always supported with their mobility during our inspection, their movements were not restricted.

Staff support: induction, training, skills and experience:

- We found that supervisions were not being carried out as per the providers own policy. One staff member told us, "Supervisions are a work in progress, but I feel 100% supported." Staff told us they felt supported by the management team and could approach them at any time.
- An induction programme was in place for new staff. This included shadowing more experienced staff members until confirmed as competent.
- Staff received suitable training to ensure they had the skills to do their job.
- One staff member told us, "The team have done end of life training, we have dysphagia training soon with a speech and language therapist."

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

- Pre-assessments were undertaken by the registered manager to determine whether Highfields Nursing Home would be able to meet their care needs.
- A 'resident of the day' system ensured each person's care file was reviewed by the registered nurse to check

they reflected their current needs. Records showed this had been undertaken.

- People's needs were detailed in their care plans. This included information in relation to their background and history.
- The management team were aware of standards, guidance and the law and empowered staff to work within these. For example, the National early warning score was being utilised to assess acute illness severity. This was reviewed daily by nursing staff for people with signs of an infection.

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

- At the time of our inspection people told us they were happy with the choice of food available. On arrival we observed people to be eating breakfast of their choosing including cereal, toast and a cooked breakfast.
- The management team told us a transfer to an external company to provide cooked meals was planned. People, relatives and staff had attended a tasting session. One staff member told us, "I cannot believe how many people tried new foods we wouldn't expect them to eat." Some relatives told us they did not agree with the change as people were happy with the food.
- We observed people to be provided with drinks and snacks of their choosing throughout our inspection. A member of staff told us, "People can have whatever they want to eat."
- We found kitchen staff to be knowledgeable of people's dietary requirements, they catered for people's individual dietary requirements including a vegetarian diet.
- People's dietary intake was monitored closely to ensure they were eating and drinking enough.
- Where people were at risk of not eating and drinking enough, their weight was closely monitored, we saw evidence that people's food and drink was fortified where needed.
- We found mealtimes to be a relaxed and social occasion.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff communicated well with other each other. The management team ensured information from other agencies was promptly communicated to the staff team during handover.
- Adapting service, design, decoration to meet people's needs:
- People had been supported to personalise their bedrooms with their own belongings.
- People and their relatives had been involved in choosing wallpaper and the colour scheme for the ground floor. There had been significant improvements to the décor on the ground floor. Further improvements were required and planned for the décor upstairs.
- There were different areas available for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.

Supporting people to live healthier lives, access healthcare services and support:

- Staff recognised when people needed healthcare support and co-ordinated appointments with professionals. Staff had developed close working relationships with the palliative care nurses and dementia outreach team.
- Records showed people had accessed their GP and health or social care professionals when they needed them and staff had documented and followed advice provided.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the previous inspection we found staff did not respect people's dignity and there was a lack of empathy, at this inspection we found people's care experience had improved.
- We observed kind and caring interactions between staff and people living at Highfields Nursing Home.
- We saw compliments from this year that said, "To all the staff, thank you from the bottom of our hearts for all the love and care you have shown my [relative];" and "You have given [relative] such comfort at the end of [names] life, your kindness and support has meant so much."
- One person told us, "Everyone [staff] is fine, smiling and willing to do whatever I ask, they have the right attitude." A relative told us, "They are lovely [staff], really kind and caring."
- Recognition of caring and kindness (ROCK) awards had been introduced. People, visitors and staff could nominate staff that had gone above and beyond their role. One staff member told us, "I won the award, I've never had anything like that before."
- A member of staff frequently spent time on their days off searching for memorabilia for people's enjoyment at the home. One staff member said, "[Name] is an unsung hero, always doing something [for people] and really cares."
- Staff enjoyed spending time with people. One staff member told us, "I always love to come to work. I love speaking with people and having a laugh and a joke." Another staff member told us, "I love it, I could do my job all day, every day."
- Staff completed training in equality and diversity. People's cultural needs had been considered and faith leaders visited the service. One person told us, "[Name of faith leader] comes every fortnight." Additional spiritual support was co-ordinated when needed such as when people reached the end of their life.
- People were supported to maintain relationships with family and friends. One relative told us, "I can come when I like, they [staff] make me feel welcome." We observed visitors coming and going throughout our inspection.

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

- People's preference for care staff had been considered and they were engaged in expressing their views and making decisions about their care
- Two people living at Highfields Nursing Home received support from an advocate to help them to speak up about their care.

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

- People's privacy and dignity was respected. We observed staff to knock on people's doors and seek permission to enter their bedrooms. Privacy screens were available if staff needed to attend to people in an emergency.

- Care and consideration had been taken when supporting people to get dressed in the morning. We observed people's hair to be well styled, clothes well laundered and people wearing their jewellery.
- People's independence was promoted, we observed staff encouraging people to do as much for themselves as possible. One staff member told us, "When I am cleaning [names] room, I give [name] a clean cloth and [name] helps."
- Staff recognised the importance of confidentiality and people's care records were stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- At our last inspection we found the service was in breach of Regulation 9 Person-centred Care of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. There was a lack of meaningful activities available for people living at Highfield House to enable them to engage in their hobbies and interests.
- At this inspection we found the service had improved. An activities co-ordinator had been employed full time. They had taken time to get to know people and co-ordinated activities based on people's hobbies and interests. For example, a knit and natter group, bingo and dominoes.
- During our inspection we observed staff speaking with people about their hobbies and interests and engaging them in activities such as puzzles, drawing and looking at memory books. A visiting professional told us, "I saw the photo book being used [name], even though they [staff] did not know I was coming."
- Volunteers from local schools and colleges enhanced the activities provided. A staff member told us, "People love the volunteers, they help with activities, make people drinks, read magazines to people and sit and have a chat."
- During our inspection, a memory tree was created for Mothering Sunday. Staff asked people for memories of their mothers. This activity prompted people to reminisce about their earlier years.
- People's care plans detailed their like, dislikes, preferences and communication needs. Staff told us care plans contained enough information and staff we spoke with knew people well.
- Many people living at Highfields Nursing Home had dementia. People's care experience had been enhanced by improvements to the décor. Each corridor on the ground floor was painted a different colour and had a street sign from the local area to help people identify where they were in the home.
- Memory displays had been created including photos from the local area and band posters and tickets. They gave people a focus and purpose while walking around their home.
- Interactive displays had been created with working telephones and door bells. Milk bottles had been placed by the street signs and an interactive traffic light was being made. Two post boxes had been added to the 'streets' and were used by people living in the home.
- Throughout our inspection we observed people and staff refer to the street names to orientate themselves. Staff members told us, "I heard a gentleman talking about Bulwell [location of home]. The reminiscence is really good and the home is now bright;" and "People are more relaxed and settled when they are new as they can see where they are."
- Personalised signs were displayed on bedroom doors to help people identify their room. These included people's photograph and a picture of importance. Such as, the person's local pub, a singer sewing machine and microphone.
- We observed staff using guidance outlined in a person's care plan such as encouraging them to draw and sing when they were distressed. Staff responded patiently to people.
- Staff understood the requirements of the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Picture cards were in use for one person to assist them to communicate whether they were in pain and to make choices.

Improving care quality in response to complaints or concerns:

- The provider had a clear policy and procedure in place to manage complaints and feedback.
- Easy read complaints information was displayed in the home.
- Concerns and complaints were investigated by the management team. Records showed complaints had been appropriately addressed. One complainant told us a complaint was managed to their satisfaction and that "Whatever you ask, they [registered manager] always follow through."

End of life care and support:

- People were supported to remain at the home at the end of their lives if this was their wish.
- End of life care plans were in place that considered people's preferences and wishes for end of life care. People's loved ones had been consulted in the completion of these.
- One person had moved to the home for end of life care. They later expressed a desire to be supported at home. The management team liaised with family, and key professionals to enable the person to return home the week prior to our inspection.

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

Requires Improvement: 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 requirements:

- At the last inspection we found the service to be in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014
- At this inspection we found improvements had been made. Quality assurance systems had been implemented and audits were being undertaken regularly by the registered manager. However, some action plans were not formally reviewed and we could not be assured that systems and processes were fully embedded in practice.
- Audits had identified the need to replace the carpet in the hallway and laundry flooring and had been planned for spring. The provider told us this was to minimise disruption to people living in the home.
- There was a lack of clarity regarding senior carers' roles. They were no longer supernumerary, but formed part of the care team. This impacted positively on people as they received support from familiar staff. However, it meant senior carers were not fully utilising their skills, and did not feel valued by the provider.
- The manager registered with the CQC in October 2018 and understood the regulatory requirements. Records showed all legally required notifications had been submitted.
- Audits identified gaps in record keeping were mostly attributable to the use of agency staffing, the management team planned to address this with the agencies and staff directly.
- Records showed since the last inspection, there had been a focus on driving improvement in the quality of care. Poor practice was challenged and appropriately managed in line with the provider's disciplinary policy. One staff member told us, "[Name of registered manager] is fair. [Name] is dealing with any issues. It's made staff think about their behaviour." Another member of staff told us, "There have been problems with some staff, I have reported it and the manager is addressing it, it's getting better."
- Staff received training to ensure people received support appropriate to their needs.
- Staff told us they loved their job and we received positive feedback regarding the current management team. One staff member told us, "We have moved on quite a lot... a lot of work has been done to get the right [staff] in post to care." Another staff member told us, "It's improved massively... I love it, I have a bigger smile." "It's a lot better since [registered manager] came, we know what we are doing now."
- People knew the registered manager by name and relatives gave positive feedback. One relative told us, "[Registered manager] has made some good changes, for a start the redecoration. It has brightened up the place." Another relative told us, "[Registered manager] has done a hell of a lot, and is still making a difference and improvements."

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:

- The management team's office had recently moved from the third floor to the ground floor, this gave them a visible presence. One staff member told us, "It helps now [management team] are downstairs as they are more accessible."
- Staff, people and relatives told us the culture in the home had improved significantly. One staff member told us, "It is a more open culture than before." Another staff member told us, "[Name] has a very nice way about them... people are more open with [Name]."
- The management team was passionate about providing person centred care, we saw this was promoted in team meetings.
- The management team had introduced a recognition of caring and kindness award, to recognise when staff had gone above and beyond their caring role. This helped to drive quality and staff felt valued. One staff member told us, "I feel proud to be part of this team, going in the right direction."

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

- People's feedback was used to drive improvements. Last year relatives said there was a lack of activities and the décor was tired. These concerns had been addressed.
- Residents and relative's meetings were undertaken monthly. The agenda was displayed on the notice board. Subjects of discussion included putting ideas for improvements in the suggestion box and a change to the prescribing of creams.
- Nurse meetings discussed any clinical areas for improvement such as falls monitoring and the timely completion of accident and incident reports.,
- The management team fully embraced people's equality characteristics. Measures had been put in place to assist staff with their learning to enable them to undertake their role effectively.

Continuous learning and improving care:

- The registered manager acknowledged improvements were still required, particularly in relation to record keeping and had an action plan in place to address this.
- The home was in the process of transferring to an electronic care record system, this would ensure better oversight of record keeping and highlight review dates of people's care.
- Regular staff meetings took place to share best practice, discuss people's needs and to identify improvements. Records showed areas for improvement were discussed such as adhering to the uniform policy and improving nailcare.
- An improvement plan was in place to further improve the environment including the decoration of the upstairs.
- A newsletter had been introduced and was displayed on the notice board.
- A visiting professional told us members of the staff team attended forums run by the dementia outreach team to share best practice. The professional told us, "They [staff] have taken on board reminiscence box ideas."
- The registered manager planned to introduce a dementia café for people and their visitors and a computer in the communal area for people living in the home to use.

Working in partnership with others:

- The provider worked in partnership with people, their relatives, social workers, commissioning authorities and sought support from other health professionals promptly as needed.
- The registered manager liaised with the hospital and other professionals to ensure they could meet people's needs and facilitate a prompt discharge to Highfields Nursing Home.