Crosscrown Limited

Highfield Residential Home

Inspection report

The Common
Marlborough
Wiltshire
SN8 1DL

Date of inspection visit:
28 September 2016
03 October 2016

Date of publication:
28 November 2016

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 Residential Home provides accommodation and personal care for up to 26 older people some of who are living with dementia. At the time of our inspection there were 20 people living at the Home.

The inspection took place on the 28 September and 3 October 2016. The first day of the inspection was unannounced. This was the first comprehensive inspection since the Home registered under a new provider in September 2014.

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

People and relatives spoke positively about the care and support they received. Staff showed concern for people's well-being in a caring and considerate way, and they responded to their needs quickly.

People were treated with dignity and their right to privacy was respected. Staff knocked on people's doors before entering and sought people's permission before undertaking any care tasks. We found staff had a good understanding of people's needs, interests, likes and dislikes. We observed a range of positive and caring interactions during our inspection, with people using the service not hesitating to seek assistance where required and sharing jokes with staff.

People spoke positively about the food choices and were supported to have sufficient food and fluids. People were offered a choice at meal times and where people did not want what was on the menu alternatives were available.

People's medicines were managed safely. Systems in place ensured that people received the medicines as prescribed and at the correct time.

There were systems in place which encouraged people and their relatives to share their views on the service. Complaints were investigated and responded to appropriately. People told us they were regularly consulted about their care and they had monthly meetings with their keyworker. People also had an opportunity to share their views and make suggestions at the monthly residents' meeting.

Risk assessments were in place to support people to be as independent as possible. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff displayed a good understanding of how to keep people safe from potential harm or abuse and what actions they would take should they suspect abuse had taken place. There were enough staff on duty to meet people's care and support needs safely.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff received appropriate training and supervision to develop the skills and knowledge needed to provide people with the necessary care and support. Training was regularly refreshed, with staff attending a range of core training as well as training specific to the needs of people using the service, for example dementia awareness.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. We found related assessments and decisions had been properly undertaken and the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS).

The provider had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff to minimise the risks or reoccurrence. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

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

This service was safe.

People told us they felt safe living at the Home. Some people said it felt very much like their own home.

People's personal safety had been assessed and plans were in place to minimise these risks.

Safe recruitment practices were followed before staff were employed to work with people. There were sufficient staff to meet people's care needs.

Is the service effective?

Good

This service was effective.

Staff received the necessary training and had the right skills to meet people's needs. Training records confirmed staff received training on a range of subjects.

Staff were aware of people's dietary needs. People told us they liked the food and were able to make choices about what they had to eat.

People's care records showed relevant health and social care professionals were involved with people's care.

Is the service caring?

Good

This service was caring.

People and their relatives spoke positively about the care and support provided. People's dignity and privacy were respected by staff.

People's bedrooms were personalised and contained people's personal belongings. People were able to choose where they wished to spend their time.

Staff showed concern for people's wellbeing and responded to their request for support promptly.

Is the service responsive?

Good

This service was responsive.

Residents' meetings were held monthly and gave people the opportunity to express their views about the service.

Care and support plans were personalised and were reviewed regularly.

People were supported to take part in social activities and to follow their interests.

Is the service well-led?

Good

This service was well-led.

Quality assurance systems were in place to monitor the care and support that people received and where required identify improvements.

Staff felt supported by the manager and could raise concerns and seek guidance.

Staff were very passionate about providing a good service to people and understood the values of the service.

Highfield Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 September 2016 and was unannounced. We returned on 3 October 2016 to complete our inspection. One inspector completed this inspection.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with four people who use the service and four visiting relatives about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included two care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, two care staff, housekeeping staff, staff from the catering department and the activities coordinator. We also spoke with a health care professional who worked alongside the service.

Good

Is the service safe?

Our findings

People felt safe living at the home. Comments from people included "I feel safe. I feel very much at home" and "I fell down once. Three carers got me up swiftly. Feel very safe". A visiting health care professional told us they felt the service was safe. They always observed staff moving people safely. They said even when the home went through a period of re-decoration, people were kept safe.

Risks to people's safety had been assessed and plans were in place to minimise these risks. This included risks in relation to falls, malnutrition and developing pressure ulceration. There was clear information in people's care plans which provided staff with guidance on how to reduce these risks.

Staff told us they had received training in safeguarding people and understood their responsibilities in keeping people safe and free from harm and abuse. Staff recognised the different types of abuse and knew how to report abuse should they suspect it was taking place. Staff said they felt supported to raise their concerns and were confident the registered manager and deputy would take any action required. They also told us they would take their concerns to senior managers or external organisations if they felt appropriate action had not been taken.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before they started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The registered manager told us they had previously observed poor practice and took appropriate action to address this. They were also keen on encouraging people using the service to take part in the interviewing process and was planning to introduce that to the recruitment procedures.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. Staff told us they had time to spend with people and that care was unrushed. One person said "When I use the call bell they usually come quick". Staff told us there was a low turnover of staff and agency staff were only used if no other cover was available. Agency staff shadowed an experienced worker during the first shift, before commencing work in the home. The deputy manager also provided cover at times to ensure people's needs were met during periods of sickness or annual leave.

We saw that medicines were stored and administered safely. Medicine administration records (MAR chart) showed people received their medicines as prescribed. Staff who administered medicines were trained to do so. Staff understood people's individual needs and followed the guidance provided. We observed the lunchtime medicines round. People were asked if they were ready to take their medicines and when they weren't, for example, because they were eating their lunch, the staff member returned later. People were not rushed and staff spent time ensuring they had taken their medicine before signing the records. Where

people were not sure what the medicines were for, we saw the staff member explaining what it was and why it was prescribed. People were also given a choice of how they wanted to take their medicines, for example in a spoon or a cup. Medicines were disposed of safely through the pharmacy. Medicine trolleys were locked when not in use. This ensured medicines were stored safely.

Where people required medicines as and when necessary (PRN) this was always done with advice from the GP as to when to administer it. We observed the staff member asking people if they were in pain and if they wanted pain relief. The staff member recorded on the person's MAR chart if they had administered the pain relief or if the person had declined. Where people were prescribed patches for pain relief, we saw monitoring sheets were in place to ensure staff alternated the side on which the patch was placed. Those medicines, which required more secure storage were locked in a secure cupboard and were signed for in accordance with the medicines administration policy.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. People had emergency evacuation plans in place.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff demonstrated a good understanding of supporting people to make choices. Staff were aware that some people who used the service lacked mental capacity to consent to their care and treatment. They showed an understanding that people should still be encouraged to make decisions and choices about their daily living. They explained people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. We observed staff sought permission from people before undertaking any care. People's care records evidenced that people gave written consent to their care and treatment. Where people were unable to sign, it was recorded that they gave verbal consent.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interest were documented to show who had been involved. During the inspection, the registered manager told us that where needed they had made applications for DoLS authorisations. Four applications had been submitted by the provider to the local authority and they were awaiting a response for three, while one had been authorised. We found that for one person who lacked mental capacity to consent to the use of a sensor mat, a mental capacity assessment and best interest decision was not in place. The registered manager told us there should be one and they would be correcting this.

People told us they liked the food and were able to make choices about what they had to eat. They had a choice of three vegetables and meat or fish at lunchtime. The chef told us they had introduced cooked breakfast and this proved to be very popular with people. People were involved in developing the weekly menu. People said "The food is very good. I always get asked what I would like" and "The meals are very good". Relatives told us they had eaten with their family member and the food was lovely. The chef said "People eat with their eyes, that's why it is important to make the food look good". Homemade cakes were available daily and fruit, biscuits and other snacks were available around the home. There were always plenty to eat and drink.

People had access to specialist diets when required for example pureed or fortified food. The chef told us it was important for pureed food to look presentable and tasty. They ensured they pureed each vegetable and

meat separately and plated it up as they would other meals . Where people required their hydration and nutritional intake monitoring food and fluid charts were completed. There was guidance on the recommended amount of fluid people should be offered daily and these were totalled and checked each day.

The chef had information of people's dietary requirements and allergies. This also included people's likes and dislikes, for example the chef knew that one person liked a banana at breakfast and another enjoyed grapefruit. They explained that people had a choice of meals. They said if people did not like what was on the menu then they were able to request alternatives. The kitchen was clean and tidy and had appropriate colour coded resources to ensure that food was prepared in line with food handling guidance.

People were supported to maintain good health and had access to healthcare and other services to meet their needs. There were records of treatments relating to chiropody, eye care and district nurse visits in people's records. A GP visited the home on a weekly basis and more frequently as requested by staff in response to people's medical needs. One health professional told us staff were very quick in recognising a change in people's health needs and followed recommendations. They said "They [staff] have a very good multi-disciplinary approach to meeting people's needs."

Staff told us they had the training and skills they needed to meet the needs of the people they were supporting. New members of staff were supported to complete an induction programme when they started working at the home and were able to shadow more experienced members of staff before working independently. There was a training matrix in place which recorded the training staff had completed and staff said they were supported to refresh their training as required. Training undertaken by staff included safeguarding of vulnerable adults, fire safety, infection control and moving & handling.

Regular one to one meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported by both the registered manager and deputy manager. They said they could approach them at any time to seek guidance and support. They said they could seek support and advice from other staff members. One staff member said "The staff are amazing. We work as a team".

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring approach of staff. People said "The carers are all wonderful. They can't do any better" and "The carers know me well. This feels like home". "Comments from relatives included "X [person] has clearly flourished since moving here", "[Person] is always beautifully dressed. She is an individual here. She is a person" and "Mum coming here was the best thing we've ever done. She's thrived here. We are convinced it has extended her life".

People were treated with kindness and compassion in their day-to-day care. We observed staff talking to people in a kind way and giving information and explanations as they were supporting people. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. We observed a person asking for help to cut their finger nail as it was bothering them. The staff member came over and took time to listen to what the person needed and responded immediately. For another person we observed they wanted to buy something from the mobile shop but were concerned they did not have access to their money to pay for it. The staff member reassured them by saying "Don't worry, we can put it on your account".

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People were addressed by staff using their preferred names and staff knocked on people's doors before entering their rooms. When people received personal care, staff ensured this was done behind closed doors.

There was a feeling of inclusion in the Home with frequent interaction from staff. One person was able to play the piano and when staff came into the lounge, they would ask the person "Do you feel like giving us a little tinkle on the piano?" We observed the person playing the piano at times with other people singing along. Staff were laughing and joking with people and there was a relaxed, happy atmosphere. During a tea round in the lounge, we observed a staff member asking people "What flower would you be?". People joined in and found some of the responses funny. Relatives told us they could visit any time and they were always welcomed by friendly staff. One relative said "There is a family atmosphere. Staff work well together".

We saw that when people were approached by care staff they responded to them with smiles or by touching their arm which showed people were comfortable and relaxed with staff. We observed people walking freely around the home and interacting with staff. Care workers took their time with people and did not rush or hurry them.

People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. A health care professional told us the service had good links with the local palliative care team as well as the district nursing team. The service received positive feedback

about their palliative care from a relative. The comment stated "This is an area you all excel in. From attending to the resident's changing physical and emotional needs, to providing much needed support and refreshments to their loved ones. I cannot express enough gratitude to you all". The registered manager gave us an example of a person who became ill and did not want to go to hospital. The person wanted to stay in control as long as possible and staff supported the person in meeting their wishes.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them moving into the service and care and support plans developed using this information. We looked at the care files for two of the people living at the home. We found a person centred approach to care plans. Care plans detailed people's preferences, likes, dislikes and routines. These provided staff with clear and detailed information to guide them on how to ensure people's care needs were met in their preferred way. People and relatives told us they were involved in the care plan. One person said "Yes, X [carer] comes and discusses my care plan". A relative told us pre-admission they had concerns about their family member falling at night. A risk assessment was completed as part of their admission and a sensor mat identified to reduce the risk. The sensor mat was available on admission.

People's needs were reviewed regularly and as required. A care review sheet was completed when changes were made to the care plan for staff to read and sign. This ensured all staff were updated on any changes. Where necessary the health and social care professionals were involved. For example we saw that where people had difficulty in swallowing, a referral was made to speech and language therapy and where a person's mental health had declined, a referral was made to the community mental health team.

People, relatives and health care professionals all praised the communication within the home. Relatives told us they regularly received a phone call or e-mail with an update on their family member. A health care professional said "Communication is excellent". People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. The key worker met with each person monthly to update their care plan and record any changes.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. We observed a handover during our inspection and saw staff sharing information and concerns from the previous shift about each person, for example one person had pain in their knees and collapsed to the floor. Staff were reminded to monitor every two hours. Another person's dressing had come off. Staff were informed the community nurse had been contacted and would visit to replace the dressing. Concerns about people's emotional well-being were also discussed, for example one person was becoming increasingly more anxious. Staff were informed the GP had been contacted and to monitor the person during the shift.

Shift leads were identified who had certain responsibilities during the morning and afternoon shift. For example, the shift lead would ensure that people had their call bells and a drink within reach, oversee a smooth handover, ensure that staff took their allocated breaks and check if staff had read and signed any changes in people's care plan. During the afternoon shift, the shift lead ensured they were visible and available to talk to visitors.

Where people required support with their personal care they were able to make choices and be as independent as possible. One person told us they had poor vision, but staff would still encourage them to do as much for themselves as possible. The person told us staff would get a couple of different outfits and

describe it to them to enable them to make a choice.

There was a procedure in place, which outlined how the provider would respond to complaints. People and relatives told us they had no complaints but knew who to talk to if they did. The activities coordinator also reminded people during the residents' meeting about the complaints procedure and that they could speak to someone in person or put it in writing.

The registered manager told us people had a residents' meeting once a month. We observed a meeting during our inspection. The meeting was chaired by the activities coordinator and people were served tea and cake during the meeting. People actively took part in the meeting discussing what was important to them and also making suggestions, for example one person suggested using more apples on the menu. They said "I always used to make stewed apples with my breakfast cereals. The activities coordinator responded that stewed apples would be added to the breakfast menu. People also discussed issues with the lighting in the home as people did not think the low energy bulbs provided sufficient light. People were told the owners had agreed to replace these light bulbs. Other items on the agenda were discussed, for example which films people liked to watch and where they wanted to go for their Christmas outing this year. Minutes of the meeting were recorded and shared with people who were unable to attend the meeting.

People had a range of activities they could be involved in. There was an activities coordinator for four days a week and every other Saturday. During the other times staff got involved in supporting people with activities. People were able to choose what activities they took part in and suggest other activities they would like to complete. For example people enjoyed trips out to a coffee shop or garden centre, arts and crafts, music and scrabble. Some people preferred to stay in their rooms. To ensure people were not isolated, the activities coordinator visited people in their rooms and supported with individual activities, such as reading with people, doing crossword puzzles or making cards. Reminiscence activities were also available. The activities coordinator told us they were signed up to the National Activities Provider Association for resources and ideas on different activities.

The service had good links with the local community. The registered manager told us people also maintained the links they already had before moving into the home, for example day centres, hairdressers and church. During our inspection we saw students from a local school visiting the home to support people with activities. Staff were proactive and made sure people were able to maintain relationships with people that mattered to them.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and operations manager. People, their relatives and friends knew the management team and told us they felt comfortable speaking with them. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role and that they did not have any concerns. All staff spoken with provided positive feedback about the management team. Comments included "The manager is amazing. Everyone here is important to make the home as lovely as it is" and "The manager is brilliant. When we need anything, we just ask". A relative said "The manager is marvellous. She would always listen".

The registered manager told us Highfield Residential Home had previously been a family run business, who believed in providing a high standard of care. The current provider continued with their vision and the service was continually striving to improve. The registered manager told us their greatest achievement had been to maintain a personal touch, which made people feel at ease and gave them peace of mind. Their aim was to keep the service small and personal to each individual. The registered manager encouraged staff to spend time with people and said "The task at hand is not always the most important". Staff would report back to the registered manager if they felt they did not have time to sit down and talk to people.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles. Staff said they felt valued and there were opportunities for professional development, for example one staff member started as a kitchen assistant and was now the head chef.

People and their relatives were encouraged to give their feedback on the service and this was acted upon. Particular areas of improvement were identified in the surveys and action plans put in place, for example for decorations and furnishings. The registered manager told us they had also received feedback that the lift was slow and noisy. The doors had been replaced with metal doors but due to the lay out of the building it would be more challenging to replace the whole lift. The downstairs of the building had been redecorated and carpeted. There were further plans for purchasing new furniture and curtains for the lounge. The owners regularly visited the home to complete an environmental audit of the premises.

The registered manager and provider carried out audits to assure themselves of the quality and safety of the service people received. Call bell audits were completed after each shift to identify if calls from residents requiring assistance from staff, were being responded to within a reasonable period of time, for example no longer than five minutes. Whenever necessary, action plans were put in place to address the improvements needed. The registered manager understood their responsibilities of registration with us and notified us of important events that affected the service.

The registered manager had daily contact with the operations manager. The operations manager provided feedback about any changes in policies and procedures, which was shared at team meetings. All staff

received a provider's handbook on health and safety and a factsheet on safeguarding. Staff told us team meetings were an opportunity for them to discuss ideas and make suggestions as to how they could improve the service. The registered manager was also keen on staff using their initiative in providing a high standard of care, for example when staff noticed a change in a person's behaviour they were to complete a urine test straight away to check for an infection.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The service had appropriate arrangements in place for managing emergencies. There was a contingency plan in place which contained information about what to do should an unexpected event occur. For example, a flood or loss of utilities. There were arrangements in place for staff to be able to seek out of hours management support should they require it.