

Highfield Birchington Limited

Highfield Residential Home

Inspection report

51 Alpha Road
Birchington
Kent
CT7 9EG

Tel: 01843842116

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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

About the service

Highfield Residential Home is residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 23 people. The service is a three storey Victorian House in Birchington.

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

People told us they felt safe and happy living at the service. They told us they had support from staff when they needed it. People were supported by enough staff. The registered manager monitored the staffing levels and adjusted this according to people's changing needs. Staff had been safely recruited. Robust checks were completed to make sure new staff were safe to work with people.

People were supported to stay safe. Staff completed regular training about how to keep people safe, including how to support people to move safely. Risks to people's health, safety and welfare were assessed and measures taken to reduce risks. People had their medicines on time and as prescribed. Medicines were stored, managed and disposed of safely. Staff competency was regularly assessed to make sure they followed best practice.

People lived in a service that was kept clean and tidy and was free from unpleasant odours. People were able to personalise their rooms with their photos, pictures and ornaments to make them homely. People had access to all areas of the service including a garden.

People's needs were assessed before they moved to the service to make sure staff could meet their needs. People were supported to stay as healthy as possible and eat a balanced diet. People enjoyed their meals, which were social occasions, and were offered a variety of choices. They were referred to health care professionals, when needed, for advice and guidance which staff followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had built strong relationships with each other and staff. Staff were kind, patient and caring and knew people and their relatives well. Staff had time to spend with people and were not rushed. Throughout the inspection they displayed a genuine care and affection for people. People felt valued and well supported. People's privacy and dignity were respected, and their independence was promoted.

People were encouraged to stay busy. Some people chose to help with household chores, such as folding laundry. Regular meaningful activities were offered, such as baking cakes and crafts sessions. There were visiting singers and exercise classes. The activities co-ordinator spent time with people on a one-to-one and group basis. This made sure people did not become socially isolated.

People told us they did not have any complaints about their care and support. They knew how to complain and were confident action would be taken to address any concern. The complaints process was given to each person when they moved to the service and was available in an easy to read format. People were asked at regular residents' meetings about their satisfaction.

The service was well-led. The registered manager was supported by a manager and team of staff who worked cohesively to provide people with a good quality of service. There was an open and transparent culture where people and staff valued each other. Regular checks on the quality of service were robust and effective. The registered manager welcomed feedback about the service to enable them to continually drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09 April 2019 and this is the first inspection.

The last rating for this service was Good (published 31 January 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on inspection programme.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Highfield Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the safety and quality of care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with six people who lived at Highfield Residential Home about their experience of the care provided. We spoke with eight members of staff including the manager and registered manager.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. People looked relaxed in the company of each other and staff.
- People were protected from the risks of abuse, discrimination and avoidable harm by staff who regularly completed training about how to keep people safe. Staff knew how to report concerns and were confident the right action would be taken. Staff understood they could raise concerns outside the organisation, such as with the local authority.
- The registered manager and staff followed an effective reporting process.

Assessing risk, safety monitoring and management

- People were supported to stay safe and have their freedom respected.
- Risks to people's health and safety were assessed, monitored and reviewed. There was guidance, followed by staff, about how to minimise risks. For example, when people were at risk of falls, staff made sure people used their walking aids and prompted them to use grab rails. Some people had a sensor mat in their bedroom to alert staff and enable them to provide prompt support and reduce the risk of falls.
- Environmental risks assessments were carried out and checks were completed to make sure equipment was safe to use.
- Regular checks on the safety of the service, such as medicines management and accidents were completed. This enabled the registered manager to ensure standards were maintained.

Staffing and recruitment

- People told us there were enough staff. They said they received support when they needed it. Throughout the inspection staff were not rushed and spent time chatting with people.
- The registered manager regularly reviewed staffing levels and adjusted them to meet people's changing needs. There were contingency plans to cover emergency shortfalls, such as sickness. Staff rotas showed staffing levels were maintained.
- People were supported by staff who had been safely recruited. Robust checks were completed to make sure new staff were suitable to work with people. These included two references, one being from the last employer, and Disclosure and Barring Service (DBS) criminal record checks. DBS checks help providers make safer recruitment decisions.

Using medicines safely

- People were supported to have their medicines safely and on time. Staff were trained to administer medicines and their competency was regularly assessed to make sure they were working in line with best

practice and current guidelines.

- Medicines were ordered, stored, managed and disposed of safely. Records were completed accurately and best practice was followed. For example, staff used a body map to indicate where a person needed prescribed creams applied.
- Regular checks and audits of medicines were carried out. When a shortfall was identified, action was taken to reduce the risk of it happening again.

Preventing and controlling infection

- People were protected from the risks of infection. They lived in a service which was clean and free from unpleasant odours. One person had commented at a recent residents meeting, 'It is a very nice clean house. Staff are on top of hygiene'.
- Staff completed regular training about infection control and food hygiene to make sure they were following best practice.
- Staff wore gloves and aprons when supporting people with their personal care. Staff wore uniforms and were reminded, in staff meetings, the importance of not wearing jewellery at work.

Learning lessons when things go wrong

- Accidents and incidents were recorded. These were monitored by the registered manager and manager. This enabled them to check for any patterns and make sure people were referred to health care professionals, such as the falls team, in a timely way. Staff discussed when something could have been done differently or when a lesson could be learnt in staff meetings. This helped staff with their continuous learning and to make improvements.
- The registered manager understood when they needed to notify the Care Quality Commission of important incidents, such as a serious injury. This was done in line with guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's physical, mental health and social care needs were assessed before they moved to the service. This enabled the registered manager to check they would be able to meet people's needs. The registered manager worked closely with people, their relatives and health care professionals to make sure transitions between services were as smooth and effective as possible. People were offered the opportunity to have a trial visit before making a decision about moving to the service.
- People had the opportunity to discuss their lifestyle choices. This included protected characteristics such as sexuality, religion and disability. The registered manager commented, "Faith is very important to some of our residents. We support them to attend meetings". People were supported to attend religious services in the local community and arrangements were made for religious meetings to be held in the service.
- Each person had a care plan. The registered manager had recently transferred these to an electronic system as part of their on-going drive to provide an efficient and effective service. Care plans centred on the person and were detailed. There was clear guidance for staff about how a person preferred to be supported.
- Staff worked with health care professionals and followed any advice they were given.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled, experienced and knowledgeable.
- Staff completed an induction when they began working at the service. Staff who were new to care completed the Care Certificate. This is an identified set of minimum standards that sets out the knowledge and skills expected of specific roles in health and social care.
- Staff told us they completed regular training to keep their skills up to date with best practice. The registered manager monitored staff training to make sure refresher training was completed in a timely way. Training included topics such as Dementia and Parkinson's Disease to make sure staff had the skills and knowledge they needed to support people living at the service. Staff were supported to undertake additional qualifications, such as vocational qualifications.
- Staff said they felt supported by the registered manager and manager. They told us they met for one to one supervision meetings to discuss their performance and any personal and learning development and had an annual appraisal. Staff records confirmed this and also showed staff competency, in things such as medicines management and moving people safely, were carried out.

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

- People were supported to eat healthily and drink plenty. They told us they really enjoyed their meals. They said, "I think the food is very good" and "They certainly don't scrimp on food here". Meals were social

occasions where people sat together in the dining room. Meals looked appetising and people ate well. During the inspection, when a person chose not to have what was for dessert the cook offered them other choices. They enjoyed the pudding they picked.

- Staff were knowledgeable about people's preferences such as where they liked to eat, likes and dislikes and any allergies or food intolerances. The cook said, "We are very flexible. We regularly cook what a resident fancies. It is important they enjoy their meals, so we ask them if they would like to see something different on the menu". There was detailed guidance for kitchen staff about people's choices, such as a person preferring a white tea cup and another a blue beaker.
- People's weight was monitored. When there were concerns about a person's weight staff contacted health care professionals, such as dieticians or speech and language therapists, for advice. When needed people's meals were fortified with cream and butter to help them maintain a healthy weight.
- Some people needed support with their meals. During the inspection this was done in a kind and patient way, giving people time to enjoy their meal.

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

- People lived in a service which had a homely environment. People personalised their bedrooms with pictures, photographs and their favourite ornaments.
- People moved around the service freely and there was signage to help people identify important places, such as toilets. People had access to a garden and the registered manager had plans to make the side garden into a sensory garden.
- The registered manager told us of their plans to remove a bathroom and have a wet-room instead. They said, "We have just risk assessed all our residents as many are unable to use a bath. We can't use a hoist in the second bathroom so having a wet-room would be much better for people".

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

- People were supported to stay as healthy as possible. People told us, "[Staff] call a doctor if I need it" and "I have help with any appointment. I have had the flu jab and the chiropodist comes every few months and checks my feet".
- People's oral hygiene needs were assessed, and people were supported with their teeth and dentures. Each person had an oral health assessment which included guidance for staff about which denture adhesive a person used. Staff made sure people's toothbrushes were changed regularly. Staff told us, "People's teeth and dentures are very important. Poor dental management can impact on people's eating habits and cause them pain".
- Staff supported people to make sure they had access to doctors, dentists, opticians and chiropodists. They also worked closely with the local community nurses, occupational therapists and Parkinson's nurse.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions was assessed. When people were not able to make a decision themselves, the registered manager met with their relatives and health care professionals to discuss making a decision in the person's best interest. For example, the registered manager met with a person's family to discuss a dental problem. A decision was made, in the person's best interest, not to have dental intervention due to the distress this would cause them.
- The registered manager applied for DoLS authorisations in line with the MCA. They notified the Care Quality Commission of authorised DoLS in line with guidance. A record was kept to ensure DoLS applications were renewed when required.
- Staff completed regular training about MCA and DoLS and supported people to make as many decisions for themselves as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People told us they were happy living at Highfield Residential Home and that the staff were kind. They said, "The girls are very good to us" and "I don't think anyone can moan. We are treated well, and the staff are very kind".
- Staff knew people and their relatives well. They spoke with us about people's past, their family and how they liked to be supported. Throughout the inspection staff were not rushed and spent time with people, making sure they had everything they needed. When a person became upset staff immediately went to them, chatting to them quietly and reassuring them.
- People's care plans reflected their individual needs. Religious and spiritual needs and cultural requirements were recorded. This enabled staff to make sure people's preferences were followed. Ministers from various religious denominations visited the service and staff supported people when they wished to attend local churches.
- Many 'thank you' cards had been received and these were displayed in the service. Comments included, 'Thank you for being so kind and caring' and 'Thank you for inviting us to Highfield for the Zoolab. [Hands-on animal encounters]. We had a lovely time and enjoyed it'.

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

- People told us they felt involved in making decisions about their care and the level of support they received. One person said, "The staff are lovely. They help me when I need it. I can potter along on my own most of the time".
- People and their relatives were involved in the planning and reviewing of their care. Any changes to people's needs or preferences were recorded in their care plan to make sure staff had the up to date information to follow.
- The registered manager provided people with information about advocacy services if they did not have family or friends to support them. An advocate supports people to express their needs and wishes and helps them weigh up all options available and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff knocked on people's doors and waited for an answer before entering. Staff made sure they closed bedroom doors when supporting people with personal care.
- People were supported to remain as independent as possible. People's care plans gave staff information about how much people could do for themselves. For example, putting soap onto a flannel and handing it to a person so they could wash the areas they could reach.
- People were empowered to continue with household chores, such as folding the laundry, when they

wished to.

- People's rights to confidentiality were respected. Information about people's health care needs was stored electronically and systems were password protected. Staff completed training about General Data Protection Regulations to make sure they knew how to treat confidential personal information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned, with them, around their individual needs and preferences. All aspects of people's care were assessed and there was guidance for staff about how to provide the support. Electronic care plans reflected individual physical, mental health, emotional and social care needs. Regular reviews were held to monitor any changes and ensure people's needs were met.
- People's life history, hobbies and interests and family connections were recorded. This enabled staff to chat with people about things that were important to them, such as their favourite animal and the music they liked best. Throughout the inspection staff chatted with people and showed a knowledge of people's individual preferences. For example, staff sat quietly with a person talking with them about the bird feeder that had been placed outside their bedroom window, so they could watch the birds.
- People were empowered and supported to maintain control of their life and remain as independent as possible. The registered manager told us they encouraged people to support each other as part of a large family. Throughout the inspection we saw people had built strong friendships and showed an empathy with each other.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Staff made sure people had the things they needed, such as glasses and hearing aids, to support their communication.
- People received important information in a format that suited them best. For example, the service user guide and complaints process were offered in an easy to read format.
- The activities co-ordinator told us they made sure people had access to easy to read versions of things, so they did not miss out on activities. For example, large print bingo cards were available for those with impaired vision.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and empowered to remain as active as possible. They were offered a choice of meaningful activities. People told us the day before the inspection they had been baking cakes and making table decorations for Valentine's Day. They said they had enjoyed this and were looking forward to a chocolate fountain on Valentine's night.

- There were strong links with the local community. People were visited regularly by children from the local primary school. People had painted pebbles and rocks which had been placed in the local community.
- People had their photos taken, with consent, doing lots of different activities. These were placed in an album and shown to people's friends and family. They were also used as a reminder to people of the things they had done.
- There were plenty of organised events, such as visiting singers, nail technicians and hairdressers. A dedicated activities co-ordinator worked with people on a one-to one and group basis and regularly asked them what activities they would like to do. Activities were tailored to people's preferences, for example people who had bird feeders near their rooms made 'bird cakes' to feed them.

Improving care quality in response to complaints or concerns

- People said they did not have any complaints about the support they received. They said they would speak with staff if they were not happy with something. They felt confident any concern would be acted on.
- There had been one complaint since the service had registered with the Care Quality Commission. This had been investigated, responded to and satisfactorily resolved.
- The registered manager, manager and staff spoke with people throughout the day and checked on their satisfaction. An easy to read complaints process was displayed on the noticeboard. People received a copy of the complaints process in the service user guide when they moved to the service. People were asked in residents' meetings if there was anything they were not happy with or that they felt the service could improve on.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death.
- People were given the opportunity to express their preferences and to talk about death and dying. Their wishes and preferences were recorded. This included whether people had a Will, funeral plan and who they would like with them when they were reaching the end of their life. This enabled staff to make sure people's choices were met.
- Staff worked with hospice nurses and community nurses to make sure people had the right support.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the registered manager, manager and staff. They felt the service was well-led.
- The registered manager, manager and staff spoke with compassion and enthusiasm when speaking about the quality of service people received.
- The registered manager and manager coached and mentored the staff, who told us they felt well supported.
- The culture of the service was one of inclusivity where everyone was valued and part of an extended family.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were informed when things could have been done differently or better. The registered manager understood their responsibility under duty of candour which requires them to be honest with people when something goes wrong.
- There was a culture of openness and transparency and staff felt confident they could speak-up and be listened to. For example, staff had spoken with the registered manager about having a cinema evening. This was arranged, and staff told us they set the lounge up to look and feel like a cinema, including having popcorn, and that people had really enjoyed watching a film together and had sung along with it.
- The registered manager was constantly striving for improvements and welcomed feedback to aid this.

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

- The registered manager was supported by a manager and staff team. They were all clear of their roles and responsibilities. Staff were motivated by the management team to provide people with a good quality of care and support.
- All the staff worked together as a cohesive team. Staff told us, "We work really well as a team. [The registered manager] is here everyday. It is a lovely home and people are happy".
- Regular checks and audits on the quality and safety of service delivered were robust. When a shortfall was identified action was taken to address this and reduce the risk of it happening again.

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

characteristics

- People, relatives, health care professionals and staff were asked for feedback about the quality of service by completing surveys. There were regular residents' meetings to capture people's views. Regular staff meetings were an opportunity to exchange ideas or suggestions.
- People told us they attended residents' meetings and felt their opinions were valued. For example, menus were changed following discussions with people about meal choices.

Working in partnership with others

- Staff worked closely with health care professionals, such as doctors, dentists and community nurses, to provide effective, joined-up care. Referrals to specialist health care professionals were made, when needed, in a timely way.
- Strong links had been forged with schools, churches and the local community.