Rhodes Care Home Ltd

Highview Residential Home

Inspection report

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Date of inspection visit:
15 May 2018

Date of publication:
20 June 2018

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

Highview Residential Home (referred to in this report as Highview) is a residential care home providing personal care for up to 19 older people, some of whom are living with dementia. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of our inspection there were 18 people living in Highview.

At the last inspection in April 2016 the service was rated Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The people who lived in Highview were provided with high quality; caring support which was person centred and met their individual needs. We received positive feedback about the staff at the home and the quality of the care provided. Some of this feedback included comments like, "I am as happy as I can be here", "I can't fault them. They're magic" and "Highview is an amazing place. I cannot fault it in any way."

People were protected from risks relating to their health, their dementia related behaviours, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines was regularly checked. Staff told us they felt comfortable raising concerns.

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people spoke highly of the food at the home.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Highview 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 was 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 comprehensive inspection took place on 15 May 2018 and was unannounced. Two adult social care inspectors carried out this inspection with an expert by experience. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

We conducted a SOFI during this inspection. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us.

We looked around the home, spent time with people in the lounges, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast and lunchtime meal periods. We spent time observing how people who were staying in the home were supported by staff. We spoke with 12 people who lived in Highview and one relative. We spoke with three members of care staff, the deputy manager and the registered manager.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to four people, looking at their files and other records. We reviewed information about staff recruitment processes and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Good

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe. Comments from people included, "I do feel safe here" and "I feel happy and safe here." A relative said "(My relative) is very safe. They really think about safety."

The people who lived in Highview had a variety of needs relating to their health, mobility, skin integrity, mental health, their dementia related behaviours, nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. These were reviewed regularly. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where one person had been identified as being at risk of falls, staff had sought specialist advice and specialist equipment. This advice had been used to create risk assessments and plans for that person to give staff clear guidance to follow in order to keep the person safe and minimise the risks of them falling. Staff understood the support people needed to promote their independence and freedom, yet minimise risks to them.

Accidents and incidents were recorded and where these had taken place, the registered manager had discussed these with staff and the deputy manager and taken action in order to ensure they did not reoccur.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. The registered manager confirmed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. People confirmed there were enough staff to meet their needs. Comments included; "I think there are enough staff, they answer the bell quickly", "I am happy here. They hoist me and there are always 2 of them" and "I like it here. There are plenty of staff."

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, including medicines that needed extra security, were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff had received training in medicines management and had their competencies checked regularly. Where people wanted to manage their own medicines this was encouraged and supported. People said; "I get my medicine on time and it's all written up."

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place. Regular checks were undertaken in relation to the safety of equipment and emergency procedures in the home.

The home was clean, pleasant and met the environmental needs of people living with dementia. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

People told us they received high quality care and support from staff at Highview. Comments from people included; "It's very good here, I have not had to moan about anything, it's all very good here" and "I am as happy as I can be here." A relative said "I can't fault them. They're magic." We reviewed the results of some recently completed visiting professional questionnaires and saw the following comments: "One of the nicer homes I visit" and "They are doing a marvellous job." Some comments from a recently completed relatives' questionnaire read; "The care home and staff are excellent" and "Highview is an amazing place. I cannot fault it in any way."

People were supported by staff who knew them well and had the skills to meet their needs. Comments from people included; "They seem to know me well." Staff had undertaken training in areas which included dementia, the Mental Capacity Act 2005, safeguarding, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff told us they had recently completed a refresher course on falls prevention which included them having to complete a booklet of questions. Another member of staff said; "We have a lot of training and we can always ask the management for support" and "We do learn quite a lot (of training) but I could ask if I wanted more."

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff knowledge and identify any gaps in training needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation and when they should be applied. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied.

Wherever possible people were encouraged to make all decisions for themselves and were provided with sufficient information in a format they could understand in order to enable this. The registered manager and staff had undertaken training in the MCA. Staff and records demonstrated an understanding of the MCA's principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. This helped ensure people's rights were respected where they were unable to make a decision for themselves.

People were supported to have enough to eat and drink. People spoke highly of the food and were supported to eat in personalised ways which met their needs. Comments included, "The food is very nice and we get a choice and if we don't like something we can have something else" and "The food is very good and we have choices, we can eat in our rooms if we would like to."

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

The registered manager had worked hard to improve the environment for the people living in the home. The home was bright, colourful and comfortable and met people's needs, especially the needs of people living with dementia. The décor of the home supported people to move around the home independently by helping them find their way around. There were visually sensory items in every corner alongside items for people to pick up and interact with. This helped stimulate people's senses and distract them should this be needed. Each person had been involved in choosing the colour for their bedroom door to help make them personal and help people identify their room. People's doors looked like front doors, with flower baskets hanging by them and attractive pictures on walls made to look like windows looking out on to lovely views. People clearly enjoyed the environment they lived in and told us about the personalised aspects of their rooms they loved.

Good

Is the service caring?

Our findings

The service continued to be caring.

We received positive feedback from people about the caring nature of staff at Highview. People made comments which included, "The staff are kind and bring me in drinks all the time" and "They are very kind and caring. If I don't feel very well they seem to want to do the best for me. A relative said, "The staff are fantastic, they are very kind."

Throughout our inspection we observed some very positive interactions between staff and people. We saw people smiling, laughing and sharing terms of endearment with staff. The atmosphere in the home was warm and welcoming and a relative told us they were able to come and visit any time they wanted and always felt comfortable. A recent relative's completed questionnaire contained the comment, "Always made welcome when visiting and find the atmosphere very homely." Comments from a recent survey of visiting professionals included, "I believe Highview provide a caring and welcoming environment for residents and visiting professionals."

The registered manager told us the staff at Highview were very caring and gave us examples of times they had gone above and beyond for people. They told us about staff giving up their own time to enable people to attend events and activities they wanted. The registered manager and staff worked hard to ensure people's self-esteem was promoted by acknowledging people's skills, achievements and personalities. For example, where people had created art or poetry, this was displayed within the home. One person was an accomplished artist and they and the staff had organised for some of their paintings to be entered as prizes for a raffle with proceeds going to the home's activity fund. Staff told us this had been very rewarding for the person who saw the demand for their work and the pleasure it brought people.

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People had been involved in decisions relating to the décor of the home for example. People confirmed they were given choices. Staff received equality and diversity training to help them provide for people's individual needs.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

The registered manager and staff valued people's privacy and respected people's dignity. This was confirmed by our observations and people we spoke with. During our inspection we heard one person ask a staff member to assist them to the toilet. The staff member assisted the person straight away and in a very discreet manner. They referred to them and the person going for a walk in case anybody overheard. This demonstrated respect for the person's privacy and dignity. Care plans contained clear instructions for staff to follow in order to best ensure people's privacy and dignity were respected.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People and staff told us they were confident people living at Highview were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of care and support. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

People's needs had been assessed and from these, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. People and their relatives had been involved in the creation and the review of these.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. People's care plans contained details about how best to communicate with people and the ways in which people could communicate their feelings, desires and opinions. Staff demonstrated they knew how best to communicate with people.

The registered manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. We saw the minutes from the most recent meeting. These showed people were asked to share their views about the food menu, were encouraged to suggest items to be added and people making use of this opportunity.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. People were asked to share their ideas with regards to activities during meetings. We saw in the previous residents' meeting, people were asked to suggest flowers they wanted planting in the garden. People made suggestions about the type of plants and were then supported by staff to plant these themselves as they enjoyed gardening. During our inspection we observed people take part in activities such as playing picture bingo, going for walks in the forest, going for a car ride and spending time out in the sunshine in the garden. People enjoyed these activities and told us so. One person told us with pride how they had won the game of bingo and had a nice box of chocolates as a

prize.

The registered manager understood the importance of activities and keeping people stimulated and independent. People were encouraged to take part in as many day to day activities around the home as possible. People were involved in cooking, gardening and cleaning where they wanted to. The home employed an activities coordinator. On the day of our inspection the activities coordinator brought in their little dog and we saw people greatly enjoying the dog's company. Where people had specific interests, staff encouraged them to keep engaging in these. For example, one person really enjoyed knitting. The person said "I like knitting and sometimes my family bring me in wool and sometimes a girl here will bring it." Staff told us how this person made blankets for the local cattery and enjoyed knowing their work went to this cause.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People and relatives confirmed they felt comfortable to raise complaints and where they had made a complaint, these had been listened to and responded to. Comments from people included; "I have complained but cannot recall what about. But things get put right" and "If I had to complain I would go to the office."

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

Good

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in place. 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 highly of the registered manager. Comments included; "The manager is brilliant" and "I love her."

The leadership of the home consisted of the registered manager, the deputy manager and senior staff. The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. Staff spoke very highly of the management team and their visibility around the home. One member of staff said ""It's so nice that (registered manager and deputy manager) work on the floor, they try and help as much as possible."

All staff we spoke with were proud and happy to work at Highview. They made comments including; ""I love it here", "I couldn't ask for better bosses and managers", "They give me respect, they are polite and I feel supported here" and "I am very happy here. The managers you can ask them for anything."

The registered manager was always looking to improve and regularly sought ideas from forums and other published reports. They also ensured they regularly sought ideas and feedback from the staff, people who lived in Highview and their relatives The registered manager held regular staff meetings and sought staff's views. The registered manager told us they were always seeking to improve and develop staff skills. Staff confirmed they were regularly asked for their views and ideas they had suggested had been implemented.

The culture of the service was caring and focused on ensuring people received person-centred care. The registered manager, the deputy manager and the senior staff team ensured the wider staff team continuously delivered a high standard of care. Staff told us they were supervised and any poor practice was picked up and discussed sensitively. The registered manager told us they ensured their ethos and values relating to providing people with person centred care which promoted independence was demonstrated by the manager and by the wider staff team.

People, relatives, staff and healthcare professionals were asked for their feedback in order to improve the service provided. People were encouraged to share their views and were supported to provide regular feedback in the form of 'residents' meetings'. Relatives were also asked to complete surveys and were asked for feedback regularly. The registered manager and the deputy manager had recently held a relatives' meeting aimed at raising understanding about dementia, end of life care, safeguarding, complaints, MCA

and DoLS. Relatives were encouraged to ask questions and participate in this session. Feedback from relatives about this event included; "Everyone could give their input easily and felt comfortable being able to make any comments."

People benefited from a good standard of care because Highview had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding and staffing. Regular spot checks were carried out and where these or audits identified issues, action plans were created and action was taken to improve where required.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.