Highfield House Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Highfield House is a care home which is registered to provide care for up to 22 people. The home specialises in the care of older people but does not provide nursing care. There is a registered manager who is responsible for 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 and associated Regulations about how the service is run.

On the day of the inspection there was a homely and relaxed atmosphere in the home and we saw staff

Summary of findings

interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

People said the home was a safe place for them to live. One person said "I think it is a safe place to live. I've lived here for six years and I am very happy here. I don't know why you wouldn't be." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to. One person said "I have lived here for a long time and I have never had to complain. If you are unhappy about anything you can speak to any of the staff and they will sort it out for you."

People were well cared for and were involved in planning and reviewing their care. They were encouraged to be as independent as they could be. There were regular reviews of people's health and staff responded promptly to changes in need. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

Staff had good knowledge of people including their needs and preferences. Staff were well trained; there were good opportunities for on-going training and for obtaining additional qualifications. One staff member said; "The training is nonstop so you are kept up to date."

People's privacy was respected. Staff ensured people kept in touch with family and friends. People were provided with a variety of activities; they could choose to take part if they wished. Staff at the home had been able to build good links with the local community.

There were effective quality assurance systems in place. The management structure in the home provided clear lines of responsibility and accountability. The registered manager and both care managers provided strong leadership and good support for the staff team.

People's views were acted upon where possible and practical. In addition to the resident's meetings, the service used annual satisfaction surveys and reviewed suggestions, complaints and compliments to continually develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The provider had systems in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them.

Staff we spoke with were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. People were involved in their care and were cared for in accordance with their preferences and choices.

Staff had a very good knowledge of each person and how to meet their needs. Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect. When people were in any pain or distress, the staff managed it well.

People were supported to keep in touch with their friends and relations. Staff encouraged people to be as independent as they could be.

People were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive. People were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

People made choices about all aspects of their day to day lives. People took part in social activities, trips out of the home and were supported to follow their personal interests.

People shared their views on the care they received and on the home more generally. People's experiences were used to improve the service where possible and practical.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility within the management team. Senior staff led each shift to ensure the quality and consistency of care.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. They had developed good links with the local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed and the service took account of good practice guidelines.

Highfield House Residential Care 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 checked 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 20 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

At the last inspection carried out on 11 October 2013 we did not identify any concerns with the care provided to people who lived at the home.

At the time of this inspection there were 21 people living at the home; during the day we spoke with 11 of them. We also spoke with five members of staff, the registered manager and two care managers. We looked at a number of records relating to individual care and the running of the home. These included three care plans, medicine records, audits and the last quality review.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person said "I think it is a safe place to live. I've lived here for six years and I am very happy here. I don't know why you wouldn't be." Another person said "I've lived here for over 10 years. I wouldn't have lived here that long if I wasn't treated well. Of course it's a safe place for me."

Staff told us they had received training in safeguarding adults; the staff training records we saw confirmed that all staff had received this training. The home had a policy which staff had read. Staff had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said "People here would say if they were being mistreated. I think we would recognise the signs as well; you would notice changes in people. If I had any concerns I would report them to one of the managers straight away. I know it would be dealt with."

Staff encouraged and supported people to maintain their independence. There were risk assessments in place which identified risks and the control measures in place to minimise risk. The balance between people's safety and their freedom was well managed. One person told us "I used to go out into town on my own every day. I liked to go to the shops and for a walk. It was never a problem. I don't do this as much now but I still make sure I have a little walk every day."

We saw individual risks to people had been discussed with them wherever possible. People's risk assessments were reviewed with them each month. People had signed their assessments, to confirm they agreed with them, if they were able to.

We read that one person at the home had particular risks around their diet. Staff told us, and the person's care records showed, that appropriate steps had been taken to ensure this person had safe care. Staff were able to talk about this person's specific needs. They showed us the food purchased for this person was stored separately and an individual menu had been devised in consultation with this person.

Staffing numbers were determined by using a dependency tool, although these remained flexible. Staffing could be changed if required, for example if a person was nearing the end of their life and they required extra support at this time. We saw that people received care and support promptly. Staff checked on people who were in their own rooms as well as supporting people in communal areas. One person said "There are always staff around. They come and check on you to make sure you are alright. They are very aware of how you are here."

Some people were responsible for some of their medicines such as creams or inhalers. One person said "I have my inhalers here as I have asthma. I use them when I need to but the staff look after all of my pills for me." Only senior staff gave medicines to people. They were trained and had their competency assessed before they were able to do so. We saw medicine administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

We saw medicines being given to people at lunchtime. The staff member giving these medicines was competent and confident. They were not involved in any other task whilst giving medicines. This ensured they were not distracted. The staff member ensured each person had taken their medicines before signing the medicine record.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. The stock levels of these medicines were checked by two staff members. We checked three people's stock levels during our inspection and found these to be correct.

Good

Is the service effective?

Our findings

There was a stable staff team at the home who had an excellent knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke highly of the staff who worked in the home. One person said "The staff are very good here. Staff seem to stay here for a long time so we get to know each other very well. They all know what care I need."

Staff told us their induction was thorough when they started working at the home. There were good opportunities for on-going training and for obtaining additional qualifications. Staff received regular formal supervision and had an annual appraisal to support them in their professional development. There were regular staff meetings and handover meetings when they started each shift. One staff member said "The training is non-stop so you are kept up to date. We have people who come in to talk to us; we recently had a talk about safeguarding. We have staff meetings, seniors meetings and regular supervision. The support for staff is excellent really."

The records we looked at showed that staff training was up to date. Staff had been provided with specific training to meet people's care needs, such as caring for people who have had a stroke, a dementia or diabetes. The manager was keen to invite external professionals to run additional training sessions for staff. One had recently been run on safeguarding, the Mental Capacity Act 2005 and the Deprivation Of Liberty Safeguards and another on caring for people living with a dementia. This ensured staff had up to date knowledge of current good practice.

Most people who lived in the home were able to choose what care or treatment they received. We read agreements people had signed in their care plans, such as an agreement to receive care in line with their care plan. The manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. While no applications had needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made and how to submit one. We saw that people were not restricted. For example, people were able to leave the home independently using the front door when they wished to.

People had access to health care professionals to meet their specific needs. During the inspection we looked at three people's care records. These showed people were able to see professionals such as GPs, dentists and district nurses. We read that staff had received good support from a nurse who led on diabetes care so they were able to provide effective care to one person who lived at the home. A GP carried out a 'complex care review' for each person. This looked at all aspects of their care and made recommendations where appropriate which we saw were acted upon.

There were regular reviews of people's health and staff responded to changes in need. People said staff made sure they saw the relevant professional if they were unwell; staff supported people to attend outpatient appointments or if they needed to be admitted to hospital. One person said "If I'm not well they are very good. They get the doctor or nurse straight away. They always take you to any appointments and stay with you. I've been in and out of hospital and they have always come with me. It's so nice to have them with you. The staff are just lovely."

We joined people for the lunchtime meal being served in the dining room. Staff reminded people it was lunchtime. Staff did not rush anyone, encouraged them to be as independent as possible, but were on hand to assist people when required. Two people chatted whilst waiting to go into lunch; staff respected this conversation before encouraging them to move into the dining room. We saw some people chose to have a glass of wine or sherry before their meal.

People sat at tables which were nicely laid and each had condiments for people to use. Meals were served plated with people's personal preferences and needs catered for.

Good

Is the service effective?

Everyone appeared to enjoy their meal. Some people needed support, such as help with cutting up their food or a little prompting. This was done discretely and with respect. There was a choice of desserts presented to people who chose what they would like. People were asked "if they had eaten enough or wanted some more"; refills of drinks were offered throughout the meal. We saw lunchtime was a pleasant, sociable event.

People's nutritional needs were identified and monitored as part of the care planning process. People had a choice of meals; menus were discussed at the resident's meetings. One person said "You have a choice of two meals every day, although they will always make you something else if you don't like what is on the menu." Everyone we spoke with was happy with the food and drinks provided in the home. Comments included "The food here is always very good", "We love the food here" and "I love the puddings here; they're always very nice."

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had an excellent knowledge of each person and spoke about people in a compassionate, caring way. One person said "They (the staff) are so kind, we only have to ask." Another person told us "I'm very happy living here really. I would say all of the staff are extremely king and caring people." We read in the Residents and Relatives 2014 Quality Assurance Surveys several comments about how kind and caring staff were.

Throughout the day staff interacted with people who lived at the home in a caring and professional way. One staff member said "We do get to know people really well here." There was a good rapport between people; they chatted happily between themselves and with staff. One person who lived at the home said "Oh, we all get on well. I go for a little walk everyday using my frame. I have a chat with all the people I see." Another person commented "I love it here; it's just like a big family."

Staff supported people who were in pain or distressed in a sensitive way. We saw one person moved quite slowly when they made their way to the dining room for lunch. They were a little distressed and said they had "terrible back ache." The staff member supporting them said "Oh, I get that sometimes too, it's not very nice is it? I can get you something to help with the pain if you like." The person accepted this offer.

People told us they were able to make choices about their care and their day to day lives. People reviewed their care needs with their keyworker each month. People chose their meals, what time they got up, when they went to bed and how they spent their day. We saw that some people used communal areas of the home and others chose to spend time in their own rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered reasonably quickly and we saw they were during our inspection.

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. People who lived in the home told us they liked to do things for themselves if they could. One person said "The staff are very caring but they let you do as much for yourself as you can. I think that's a good thing. I try hard to be as independent as I can be."

People we spoke with told us they kept in touch with their friends and relations. They were able to visit at any time and always made welcome. People could see their visitors in communal areas or in their own room. One person told us "You can see your visitors whenever you like. I usually see my visitors in my room but we use the conservatory as well if we want to as that's somewhere quiet." We read that the relatives who had completed the home's 2014 Quality Assurance Survey said they rated their experience of visiting as "excellent".

Staff respected people's privacy. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. We saw bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. People's records were kept securely.

People were involved in decisions about the running of the home as well as their own care. Staff spoke with people informally each day; there was a suggestions box for people to use. There were regular 'resident's meetings' where people were able to discuss and influence life in the home. People could discuss any subject but usually discussed ideas for activities and trips they would like and food they would like to see on the menu. One person said "I go to the resident's meetings and have my say. It's an opportunity to say what you want to say. We all make suggestions and they do listen to what we say."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One staff member said "We know people really well. Most people here can say how they feel but we see everyone everyday so we would pick up if people were not their usual selves. We have really good handovers here so you know if anyone is unwell or if there have been changes to their care."

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed.

During the inspection we read three people's care records. All were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. People told us they were involved in planning and reviewing their care. We saw people's care plans were discussed with them each month and changes were made if necessary. People had signed some of their care records and the record of each monthly review. Where people lacked the capacity to make a decision for themselves staff involved other professionals and family members in writing and reviewing plans of care.

Staff were aware of people's care plans and provided care in line with these. Staff ensured they kept people's care needs under review. We read that one person's needs were changing due to their levels of dementia. Staff were keen to adapt to this person's changing needs but were clear on the need to provide appropriate levels of care. It was evident that if this person's needs could no longer be met at the home staff would support this person to move to a more appropriate service.

Staff at the home responded to people's changing needs. For example, we read that staffing levels were changed if required, such as when people became unwell or were nearing the end of their lives. One staff member said "If people are not well we can always ask for more staff. The managers here are always happy to work hands on so it's never a problem."

People were supported to maintain contact with friends and family. People continued to be involved in the local community. Staff encouraged people to use local facilities such as shops, cafes, the weekly market and the library. People had regular pastoral visits from local church ministers; multi faith communion was held in the home each month.

There was a programme of planned activities each month. This was displayed in the home and we saw that people had been given their own copy of the plan. One person said "Oh I have a list here. It's a new idea so you can see what's on. I think that's a very good idea. You look and choose what you would like to go to." We read that there were a variety of in house activities as well entertainers who came in.

On the day of our inspection there were a variety of activities. In the morning classical music was played and later a care worker led a seated chair exercise session. This was well received and most people joined in with enthusiasm. A singer came in during the afternoon to entertain people; this was very well attended and people were seen enjoying the music. The singer was very good at involving people in talking about the songs they performed.

Each person we spoke with told us they were very happy living at the home. They told us they were well cared for. They said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt issues could usually be resolved informally. One person said "I have lived here for a long time and I have never had to complain. If you are unhappy about anything you can speak to any of the staff and they will sort it out for you." We noted there had not been any formal complaints in the last 12 months; there had been 16 written compliments in that time.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by two care managers and a small team of senior carers.

The registered manager, both care managers and senior carers worked in the home on the day of our inspection. We observed they all took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatted with and checked on people who lived at the home. One care manager accompanied people who chose to go out into town. Staff told us, and duty rotas seen confirmed, there was always a senior carer on each shift. The registered manager or one of the care managers was on call out of hours. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

All of the people spoken with during the inspection described the management of the home as open and approachable. One person who lived in the home told us "They always ask you if you are happy with things. Sometimes you have to sort out very minor things. If there's anything on my mind I tell them about it and it's always sorted out for me." One staff member said "The management are very open with you. They tell you things and you can chat to them. They treat you as a person; it's lovely."

Staff at the home had been able to build links with the local community. The home runs a 'meals on wheels' service to some older people living in their own homes. The local amateur dramatic society took people who lived in the home to see their performances. Local school children came into the home to entertain people at Easter and Christmas. One care manager was a member of the 'Patient Voice Team' at the local hospital. They were also involved with Yeovil Hospital's 'Residential Care Liaison Group'. They attended regular meetings to develop links and communication with hospital staff to help improve discharge and admission procedures for people.

There were audits and checks in place to monitor safety and quality of care. We saw where shortfalls in the service had been identified action had been taken to improve practice, such as when medicine errors had occurred. We looked at care plan audits that had been carried out and saw that any shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed. Action had been taken to prevent recurrences where this had been possible. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

There were systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. In addition to the resident's meetings, the service used annual satisfaction surveys and reviewed suggestions, complaints and compliments to continually develop the service. This enabled the home to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's wishes and needs. We saw that the last annual surveys showed high levels of satisfaction with the service. Where people had suggested improvements, such as providing them with a list of activities to remind them what was on and when, these had been acted upon.

Discussion with the registered manager and review of records showed that there had been three deaths at the home since the last inspection. Each death had been expected and was correctly certified at the time. The registered manager was unsure if we had received a notification informing us of each death when they had occurred as the method of reporting incidents to us had changed from a manual to an online reporting system. Our records showed we had not received the original notifications so the registered manager provided duplicates. They reviewed the reporting process and were now confident in using the new on line system.