Highfield Residential Homes Limited

Highfield Residential Home

Inspection report

Stream Road
Kingswinford
West Midlands
DY6 9PB

Tel: 01384288870

Date of inspection visit:
04 August 2016

Date of publication:
02 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 4 August 2016.

At our last inspection in May 2015 we found the provider's capacity to identify and manage risks to people's safety was limited. Systems were not in place to check medicine safety and the induction and training of staff needed further improvement. People had not been actively involved in planning all aspects of their care and developing a personalised care plan.

Improvements were needed in relation to assessing and supporting people's independence, managing mealtimes and applying the Deprivation of Liberty Safeguards (DoLS). The provider did not have an effective system which allowed him to identify where improvements were needed. Opportunities for people to voice their opinions about the quality of the service were limited and a lack of activity for people to enjoy was evident. At this inspection we found that the provider had made some improvements but these were not sufficient to ensure the service was run adequately and safely.

Highfield Residential Home provides accommodation and personal care for a maximum of 13 people. At the time of our inspection there were ten people living at the home The provider is also registered to deliver personal care in the community from this location.

The provider was also the registered manager and they were present during our inspection. 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.

Staff did not always receive an induction into their role to ensure they had the skills and training to do their job.

People were not actively supported to follow their interests and take part in social activities.

The providers quality assurance system was not effective in monitoring the service and identifying where improvements were needed.

People told us they felt safe in the home and we saw the registered manager and staff knew how to involve other professionals if incidents of a safeguarding nature occurred.

Risks to people's safety had been identified and preventative measures were in place to reduce risks.

People were satisfied with the numbers of staff on duty. People and their relatives had no concerns about staffing levels and described the staff as friendly and caring.

People told us they had their medicines when they needed them and were supported to have their health care needs met. Staff made appropriate use of a range of health professionals and followed their advice.

People were actively involved in planning all aspects of their care and personalised care plans were in place.

We observed positive interaction between staff and people who lived at the home. People told us staff were kind and patient. People told us staff respected their need for privacy and protected their dignity. The Deprivation of Liberty Safeguards (DoLS) had been considered as part of people's care planning to protect the legal and civil rights of people using the service.

People told us they enjoyed the meals provided and mealtimes were a sociable occasion.

The provider had a system in place for dealing with people's concerns and complaints and had followed these. Meetings had taken place where people had information about the proposed changes and could make suggestions about the quality of services they received.

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.

People were protected from abuse and harm because staff understood their
responsibilities in protecting people from the risks of abuse.

Risks to people's health and safety had been identified and managed.

People said there were enough staff and that they were cared for by staff who understood their needs.

Suitable arrangements were in place to ensure people received their
prescribed medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have an effective induction or support to develop their skills.

People were supported to make independent decisions and improvements had been made so that people's best interests were always considered.

People were supported to have enough suitable food and drink and staff supported people's nutritional needs.

People had the involvement of health care professionals to support them with their well-being.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people and knew what was important to them.

People were actively enabled to have contact with their relatives

and friends.

People's dignity and independence had been respected and included consideration of people's social needs during mealtimes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had not been fully supported to pursue their interests.

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to monitor the quality of the service were not always effective.

People said the registered manager was approachable if they had any concerns.

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 4 August 2016 and was unannounced. The inspection team comprised of one inspector.

We looked at the information we already held about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters.

We asked for information about the home from the local authority who is responsible for monitoring the quality and funding of people who live there.

We reviewed the information provided to us by the home in their Provider Information Return (PIR). The PIR is a document that the home sends to us to inform us how they are currently meeting standards and future improvements they intend to make. These help us to plan our inspection.

We spoke with six of the 10 people who lived at the home, one relative, two visitors, the registered manager, the senior care worker, one care staff and the cook. We looked at the care records of six people, medicine management processes and at records maintained by the provider. This included the recruitment records for one staff, complaints and the quality assurance processes.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when they were supported by staff. They had no worries or concerns about the way they were treated. One person said "There's no funny business here; no one hurts us or treats us badly". Comments we received from relatives were positive they told us their family members were supported in a safe way. One relative said, "I am happy because staff make sure [person's name] does not fall and they tell me they are happy and safe in the care of staff".

Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. The registered manager understood how to report concerns to the local authority safeguarding team. There were no safeguarding concerns at this service at the time of our visit.

People told us that staff helped them where they needed this for their safety. One person said, "I am a bit unsteady but the staff walk with me". The systems in place to manage risks to people included risk assessment documentation which we saw was centred on the person. For example risk assessments were in place for a person at risk of falls and this specified the support they needed and the equipment they used. The two staff on duty were able to tell us how the person was supported to manage and reduce the risk of falls and we saw the person had a sensor mat in place beside their bed. The bed was in a lowered position to reduce the risk of injury. We saw that risk assessments had been undertaken for people in relation to pressure sores, weight loss and behaviour that might place them or others at risk of harm. These assessments detailed the action staff needed to take to keep people safe. Staff could identify these people and we saw staff supported them in the way their risk assessment guided them to. For example we saw that staff supported a person successfully with patience and paced approaches to help them manage their behaviour. We saw the person responded to this approach and this was very well detailed in their care plan.The risk of incidents had reduced as a result of this strategy.

Staff understood how to report accidents, incidents and knew the importance of following these procedures to help reduce risks to people. We saw where accidents and incidents had taken place these had been reviewed to help prevent these from happening again. For example one person had experienced some falls and their medicines had been reviewed as this had reduced their mobility. Measures were in place to improve the elevation of their legs and this had resulted in a reduction in falls. Staff told us that supervision of people with a known risks of falls included ensuring staff availability in the lounge and we saw this on the day of our visit. The provider had capacity to identify risks and take preventative measures.

People told us they had no concerns about the availability of staff and we saw sufficient numbers of staff were on duty. One person said, "There is always staff around", another person said, "If I buzz in the night they do come". Visitors and relatives told us they had no concerns about staffing levels. One visitor said, "There always seems to be staff available and I've not had any worries about that". The registered manager told us that they had recruited a cook and a domestic cleaner so that care staff were able to focus on people's direct care. Arrangements were in place to cover holiday and sickness. The provider had increased staffing when this was needed for people's increased dependency. At the time of our visit the home was not

at full occupancy and staff were caring for three people in their bedrooms. We saw these people's needs had been addressed; personal care had been provided and they were comfortable in their bedrooms which were clean and tidy. The provider told us they were no longer delivering care to two people who lived in their own homes in the community. They were taking steps to cancel this aspect of the service.

Recruitment procedures were safe. The provider had recently recruited new staff and we saw from the file for one of these staff that checks had been made before they were employed. This had included references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. A staff member recently employed confirmed these checks had been undertaken.

People told us that they had their medicines when they needed them. One person said, "I get mine regularly and when I've been sick and had new medicines staff have been very good making sure I take them and finish the course". A relative told us, "I have no worrires about that; staff always inform me if there are changes in medicines". We saw the senior staff member dispensed people's medicines after they checked records and doses before taking them to people. People were provided with a drink and the senior staff waited for the person to take their medicines before signing the medicine records. The medication trolley was locked between each administration which meant people's medicines were kept safe. Records showed people received their medicines as prescribed by their doctor. People's care plans also contained clear information about the medicines they were taking and the possible side effects. This information had been transferred onto risk assessments where medicine might be a factor affecting people's mobility. Staff who supported people to take their medicines told us that they had received medicine training. A staff member said, "I have had training in administration of medicine, only senior staff administer medicines and all have had training". Staff had an understanding of people's regular medicines and any side affects these may cause which helped them to keep people safe.

Requires Improvement

Is the service effective?

Our findings

All people and relatives we spoke with were happy with the care and support from staff. One person told us, "Staff are good carers and know how to meet my needs." A relative we spoke with told us they were happy with the care their family member received, they said, "They have kept an eye on (name of person) particularly their health and know when something isn't right".

Staff told us they had training in key areas to meet people's needs such as manual handling. We saw staff supported people to walk safely using their walking aids. Nobody required the use of a hoist to transfer them from one area to another but staff told us they had training in manual handling to do this safely. We saw staff used their training and skills to provide the right pressure relieving equipment to protect people's fragile skin. Staff were aware of people who were at risk of falling and the equipment they needed to reduce these risks although staff had not received training in falls management. The registered manager told us at our last visit in May 2015 that they were reviewing the training needs of the staff team. At this inspection the training record was not up to date and we were therefore unable to identify any gaps in staff training or see how the registered manager was proposing to meet these.

The member of staff on duty was employed as a domestic staff and was providing care to people on the day of our visit. Their induction consisted of the tasks for domestic staff and included shadowing other domestic staff. They had not had an induction into the care role. The senior on duty told us all staff had an induction which prepared them for the key tasks for caring. We found that the induction procedure had not been followed and there was no assessment of this staff member's competency to deliver care independently. We spoke with the registered manager who confirmed they had not used their own induction processes to ensure staff carried out their roles and responsibilities effectively. They told us that they had observed staff for competencies but were unable to provide any records to demonstrate this. People could therefore be supported by staff who did not have the skills to meet their needs.

Staff told us that they felt supported on a day to day basis. A staff member said, "I have had a supervision to discuss my performance". The senior staff member told us, "We have worked hard to introduce formal recorded supervision as we had nothing in place before". The registered manager confirmed that a supervision plan was in place and that all staff had received one supervision in the last six months. They told us they were aiming to increase the frequency of supervision. Staff said they could speak to the manager or senior for support and had attended staff meetings. The registered manager was recruiting to vacant posts but we found the system in place was not being effectively applied to ensure new staff were inducted, had their competencies checked and were supervised regularly. This could potentially increase the risks of people not receiving effective care. The registered manager acknowledged that the induction and supervision of staff needed more attention.

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 this is called Deprivation of Liberty Safeguarding (DoLS). 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. The application procedures in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had considered the guidance of the MCA to ensure people's rights were protected. People told us and we saw that staff sought their consent each time they offered them support. For example we saw staff asked people if they wanted protective clothing at mealtimes, or their food cut up or if they needed personal care. We saw people responded to this approach. One person said, "I always make my own decisions about getting up or going to bed or what I wear or eat". We saw that people's capacity to consent to care was considered in their care plans. One person who had capacity was refusing care on a regular basis and staff were aware of using least restrictive options with them. This involved providing them with choices and waiting for them to give consent and this guidance was reflected in their care plan.

The registered manager had received training on the MCA and the Deprivation of Liberty Safeguards (DoLS). There was one person in the home with a DoLS authorisation in place and staff we spoke with understood how to support this person. We saw that guidance about the actions staff should take were detailed in the person's care plan so that staff understood the choices the person might make may place them at risk of harm. Not all staff had training to develop their understanding of MCA and DoLS. The provider told us that they were intending to address this in their training plan.

Where people had made a decision about their resuscitation status Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR's) had been recorded. This protected people's decision making in the event they would be unable to make decisions at a later date.

People told us they enjoyed their meals and had a choice. One person said, "If I don't like what's there they would do me something else". Another person told us, "The cook comes around and asks us what we want; there is a choice". We observed a mealtime and saw that people had the same meal. The cook told us that people's likes and dislikes were known and that she cooked a meal most people would enjoy. We that staff knew which people needed support and encouragement to eat and drink. At lunch time people had the attention of staff to eat their meal and the correct utensils to eat independently. People had eating plans in place which included the recommendations of the speech and language therapist. This included how they needed their food to be presented and we saw for example on person had a pureed diet. People at risk of weight loss had been reviewed by their doctor and had access to food supplements. The cook was able to identify those people who needed their meals fortified to increase their nutritional intake. A nutritional risk assessment was in place to monitor people's intake and weight was monitored, although it was difficult to establish the frequency of this. People and their relatives were happy with the response to their health care needs. One person said, "I've seen the doctor, the optician and if I have an appointment they support me to attend it". We saw a range of healthcare professionals had been involved with people's health care needs and there was a clear record of these consultations. We observed for example that staff followed the recommendations of the GP by ensuring a person had their legs elevated.

Good

Is the service caring?

Our findings

People described staff in positive terms and said that they were friendly and caring. One said, "They are caring; always checking on me seeing I am alright". A visitor told us, "They are very friendly always interested in the people and I often see them spending time with people chatting or painting their nails; that's quite caring".

People told us that their families and visitors were made welcome at the home. Relatives and visitors told us they were made welcome when they visited. One relative told us, "We can visit at any time and they will offer us drinks, chat to us and make us welcome".

We saw staff were friendly and respectful when supporting people. A person told us, "They are polite and don't rush me, they take their time". We saw staff were considerate of people's needs. For example a staff member checked with a person who said they were cold and assisted them with a blanket. Another person told us that they, "Had trouble with their legs', but that staff were, "Very kind and had creamed these for me". When one person wanted to go into the garden staff supported them and chatted to them about their day. This person responded happily and told us, "Nothing is too much trouble; they help when you need it".

We saw positive communications between people and staff who respected the wishes of a person who was unable to verbally express their needs. They provided the person with choices about getting up and getting dressed and waited for the person to indicate they were happy to consent to this. A staff member told us, "We know how (person's name) communicates their needs and as long as you respect that, they will allow us to support them". We saw that this approach worked and the person was assisted in a way that showed respect for their feelings.

Staff ensured people's privacy by ensuring bathroom and bedroom doors were shut when supporting them with personal care. One person liked to spend time in their room and we saw staff respected this and did not disturb their privacy. Staff did protect people's dignity where they were unable to do this for themselves. For example by providing the correct utensils to enable a person to eat independently. We saw people were offered protective clothing and any assistance to cut up their food was done discretely and with their approval first. A good standard of personal care was evident; people's clothing was well laundered and ironed and they were assisted to change items when these became soiled to protect their dignity.

We saw that improvements had been made to the seating arrangements. At our last inspection people were seated for their meals facing a wall and had no opportunity to see or socialise with each other. The layout of the lounge and dining area had been changed to provide more opportunity for people to enagage with their peers. People also had side tables on which they had their meal and drinks this ensured they could sit comfortably and we saw they socialised with each other.

Staff we spoke with were able to share a lot of information about people's needs, preferences and personal circumstances. A visitor told us staff knew their friend's needs well and that these were well supported.

People and their relatives had the opportunity to express their views about their care. The provider had arranged family meetings in which information could be shared with people so that they feel they mattered and that they were listened to. For example the latest meeting informed people about the extension to the rear of the premises and the benefits this would offer people. One person said to us, "If I had anything to say I would say it to staff; the owner is in everyday and very approachable, they are nice people so I'm quite confident they would listen to me".

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I do some thing's by myself; washing and dressing, but they help me with my hair". Another person said, "I choose my own clothes and like to dress myself; it's nice because at night time staff will knock the door and check if I need help so they respect my independence".

No one required the support of an advocate but the registered manager was aware how to seek advocacy support. People had been involved and supported in planning and making decisions about their care and treatment. For example some people had made decisions about managing aspects of their finances and arrangements were in place to secure these.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the care staff provided and it met their individual likes and dislikes. One person said, "I like to get up early and the staff will help me, bring me down and have a cup of tea." Another person said, "They (staff) will paint my nails for me, they know my routine and when I want to go to bed or get up and will assist me". One relative told us, "[Person's name] always seems well cared for by staff who are attentive to their needs."

People confirmed that staff had asked them about their needs. One person told us, "We talked about all sorts about what I like and my daily routines; they stick to this as well I have no complaints about that". There had been significant improvements in developing care plans with people that contained information about their needs and preferences. These included a good level of information regarding all aspects of the person's care such as the times they got up, the level of support they needed and how they liked things done. There were details about people's habits, worries and their interests. Aspects of people's decisions were also included; such as smoking or managing their own finances. We saw people's communication was also identified. For example one person used a range of verbal sounds to indicate being upset or frustrated. We saw in their care plan details about how staff could divert them and reassure them. Staff we spoke with gave us an account of people's needs which matched what we saw in their care plans. We saw staff responded to people when they needed assistance throughout the day and anticipated people's needs well.

We saw examples where people's care needs had changed and care plans reflected these changes so that staff had up to date information available to them. Staff kept daily records of the care they delivered and monitored aspects of people's care where they were at risk. For example one person was at risk of choking. We saw they had a plan in place for safe eating and for the consistency of their food. The person had refused to follow the recommendations of the speech and language therapist. Although staff were supporting this person safely this information was not evident in the care plan. The registered manager told us they would add this information to ensure staff had the guidance to provide consistency in care. Similarly we saw that whilst staff understood how to support a person with a colostomy bag, (an artificial means of removing waste from the body) the care plan did not include sufficient detail as to what signs staff should look for if infection set in. The person told us, "I manage this independently and staff rarely have to help, they are very good". Staff told us they would check for redness or soreness and ask the person. The registered manager said they would add some details to guide staff.

At our last inspection in May 2015 we highlighted that improvements were needed in the provision of activities. We did not observe any planned events or activities taking place during the day other than one person having their nails painted. People told us at this visit that they watched the T.V, listened to music, sometimes enjoyed singing or had visiting entertainers. The garden was out of bounds due to building works. One person told us, "I haven't been out since before Christmas". Another person told us how they had previously enjoyed, "Attending my local church", but had not had the opportunity to do this. We saw this person worshiped before their meal which showed their religion was important to them, but this had not been considered in meeting their social or religious needs. Staff told us that they had previously arranged

trips but it was difficult to engage people in this. The registered manager told us there were no additional activity workers and they confirmed there had been little improvement in delivering this aspect of the service since our last inspection. People's care plans provided information about their past hobbies and interests and the registered manager said they would review this and make improvements.

People told us they were quite happy and confident to share any complaints they had. They told us they would speak with either staff or the registered manager. One person told us, "I know all the staff and would feel confident to complain". We saw that the registered manager interacted with people during the day and was known to them on first name terms. People said if they were unhappy they could talk to him. There was a complaints procedure and staff could describe what they would do if someone complained to them. This included trying to deal with the complaint and reporting it. We saw that registered manager had a system for receiving and responding to complaints.

Requires Improvement

Is the service well-led?

Our findings

Leadership within the service was sometimes inconsistent. The resources needed to run the service and consistently monitor risks were not always evident. For example checks on safety were not consistently carried out. As at out at our last inspection in May 2015 and this inspection we still found gaps in hot water temperatures which had not been carried out since April 2016. There was no system in place to look at the number of falls or any themes or patterns. Similarly they had no system to measure the occurrence of pressure sores, urinary tract infections or weight loss. There was a lack of processes in place to ensure staff induction and competencies were checked and this had not improved. At this inspection we requested a copy of the training record to be sent to us to review progress on staff training but the provider had not submitted this.

Whilst the provider had taken some action to make improvements such as the auditing of people's medications and introducing personalised care plans there was a reactive rather than proactive style of leadership. They had not always identified what improvements were needed for themselves and had made little progress to the on-going improvement of the service.

Improvements identified at our last inspection visit were still needed indicating improvements were not made in a timely way. We heard from the registered manager that he was aware of the shortfalls and acknowledged that the new extension had distracted him from his oversight of the home. He acknowledged that there was a lack consistency in monitoring the home that would keep them informed of risks and events.

People spoke positively about the way the home was managed. A visitor said, "I would recommend this home on the basis of what (person's name) has said; for example they can't praise the staff enough and said they are kind and caring and that their health needs have been well looked after."

There was a management team structure and people who lived at the home and relatives who we spoke with knew who the management team were. They told us they felt comfortable in approaching them. One visitor told us, "It is a nice home, staff are all friendly and caring and the owners seem very pleasant". We spoke with a relative who told us the management team were responsive and made them feel welcome and listened to. Another relative said their family member, "Always seems quite happy and enjoys the food."

We saw meetings had taken place with people who lived at the home and relatives to enable people to share their views and make suggestions about improvements. For example there had been suggestions about the new extension at the rear. We also saw that the arrangements for dining had been improved to meet people's social needs.

The conditions of registration were met and the provider had kept us informed of events and incidents that they are required to notify us of. The provider understood their legal responsibility to display their inspection rating as they are required to do so by law. The provider is registered to deliver personal care in the community from this location. They informed us they are no longer providing this aspect of the service and

told us they were applying to cancel.

We saw evidence of an open culture within the home. Staff we spoke with knew how to raise safeguarding concerns and were confident that the management would support them to do this. Staff were aware of how to whistle blow and could tell us what action they would take if they needed to do this. The registered manager told us they encouraged an open door policy by speaking with people, staff and visitors. The registered manager told us they had taken action where the conduct of staff affected people's care or safety. They told us disciplinary action had been taken where staff performance had been an issue.

Staff told us they had staff had staff meetings in which they could discuss the service and identify where improvements were needed. We saw that the management team had prioritised personalised care plans and these were detailed and had improved the delivery of care to people. This was because staff had information about all aspects of people's needs as well as their preferences. Staff were proud of the new care plans and the difference this had made. Staff told us they enjoyed working at the home and said they had the support they needed.

The provider had a vision and plan for the home to include a large extension to the rear and increase the numbers of people they could accommodate. We were informed that part of this work would include refurbishment and redecoration to existing parts of the home to improve people's comfort and accommodation.

They had taken action to ensure they responded to the recommendations of other organisations such as the safeguarding and infection control teams following previous safeguarding concerns. We saw they had appointed a member of staff as the infection control lead and provided training for the lead with Dudley social services.