92 Higher Drive Limited

Highfield House

Inspection report

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Date of inspection visit:
13 July 2022
26 July 2022

Date of publication:
11 August 2022

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Highfield House is a residential care home providing personal and nursing care to up to 45 people. The service provides support to people who are living with complex neurological conditions. At the time of our inspection there were 37 people using the service. Highfield House accommodates people across three separate wings. This includes a high dependency unit for people who require ventilation. There is also a nursing unit and a unit supporting people with their rehabilitation. Included in the staff team is a dedicated therapy team, providing on-site physiotherapy to support people's rehabilitation.

People's experience of using this service and what we found
People were kept safe and free from discrimination. Regular assessments were undertaken to review risks to people's safety and staff supported people to implement measures to minimise those risks. The new care records had systems built in to alert staff to any changes in behaviour that may indicate a change in people's needs. People received their medicines as prescribed and there were safe practices around the storage, administration, recording and disposal of medicines. Infection prevention and control measures were in line with best practice, including in relation to the COVID-19 virus. Safety alerts were distributed across the provider's service when incidents occurred so they could be learnt from and practice could be improved.

There were sufficient numbers of staff to keep people safe. However, we found that there was a high reliance on agency staff at the time of our inspection. The service had experienced some challenges regarding staffing due to the impact of the COVID-19 pandemic and were in the process of recruiting new staff. Staff felt well supported and had access to training. The provider had streamlined and strengthened their induction and training provision in order to further support staff and improve on staff retention.

People's needs were assessed in line with best practice guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked closely with healthcare professionals to ensure people's health needs were met and people received effective, coordinated care. People's nutritional needs were met and regularly reviewed by healthcare professionals.

People were treated well, and with dignity and respect. Staff supported people to be involved in decisions and staff supported people to be as independent as possible, and to build upon that independence during their time at Highfield House. Staff respected people's individual differences and supported their emotional well-being. However, we found that care records focused on people's clinical needs and was missing information about the person, what they liked and what they were interested in.

People received care and treatment that met their individual needs. Staff were responsive to any changes in people's abilities and supported them with their recovery and rehabilitation. The team were working with the local hospice to improve end of life care and were working towards the gold standards framework, a

recognised good practice framework for supporting people towards the end of their life. People communicated using a variety of verbal and non-verbal communication methods. However, this information was not was always captured in people's care records and there was a risk that this information was not available for agency staff and newly recruited staff, impacting on the quality of interactions with people.

There was clear leadership and governance at the service. The governance structure was mapped to the provider's mission and values statement and enabled the staff to clearly identify areas of the service they wanted to develop and improve. Staff, people and relatives were encouraged to express their views and opinions and be involved in the development of the service. Staff worked closely with other agencies and there was a commitment throughout the staff team to continuous improvement.

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

Rating at last inspection and update
The last rating for this service was outstanding (Published 1 February 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Highfield House

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was undertaken by two inspectors, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Highfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people, one relative and 17 staff. This included the registered manager, the deputy manager, nurses, care workers, housekeeping staff, the director of quality and clinical governance, the quality improvement lead, the HR director, the HR manager, the learning and development manager and the clinical trainer.

We reviewed nine care records, three staff recruitment records, staff training records, medicines administration records and records relating to the quality and management of the service.

We undertook general observations around the service, observed interactions between people and staff and observed mealtimes.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable staff. This included obtaining more than one reference, checking people's eligibility to work in the UK and undertaking criminal records checks.
- There were sufficient staff to meet people's needs and keep them safe. One person told us, "There are enough staff. They come quickly if I press my call button." The home had experienced difficulties recruiting staff during the COVID-19 pandemic and in response to this they had not opened all of their beds so that they were able to provide safe staffing levels.
- There was a recruitment drive in place and the home were actively recruiting to their vacancies. At the time of our inspection there was a reliance on the use of agency staff. Permanent staff told us the use of agency staff had initially caused some difficulties, but they had spent time training them and familiarising them with the provider's policies and expectations, and the quality of care provided by agency staff had improved as they became more familiar with the service.
- The recruitment difficulties experienced during the Covid-19 pandemic were also impacting on the physiotherapy team and the delivery of their targets. This meant people were not being assessed as quickly as they should or receiving the number of physio sessions needed to help with their rehabilitation. The provider was finding alternative ways to engage and stimulate people to continue with their recovery whilst recruiting to the vacant posts.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse. People told us they felt safe. One person said, "Yes, I am safe. They look after me really well."
- Staff were knowledgeable in recognising signs of abuse and there were clear reporting procedures to raise any concerns.
- The registered manager reported concerns when appropriate to the local safeguarding team, and when required to the police, to ensure appropriate action was taken to keep people safe and free from discrimination.

Assessing risk, safety monitoring and management

- People were safe and staff minimised risks to people's health and welfare. A relative told us, "She is safe because someone is always with her. Even when she goes to hospital a [care worker] is with her. That is important for her confidence. She gets very personal care."
- Regular assessments were undertaken to review risks to people's safety and implement measures to minimise those risks. This included, but was not restricted to, risks in relation to falls, infections, pressure ulcers, malnutrition, dehydration, ventilation and tracheostomies.

● The new electronic care records system had built in processes to alert staff to changes in people's needs to ensure they received safe care. For example, a seizure diary was in place for people who had epilepsy. If the system identified a change in frequency or type of seizure this alerted staff so they could review the person's needs. Information was also alerted to kitchen staff when healthcare professionals identified a change in people's nutritional needs and if they required a texture modified diet due to a risk of choking.
● We received feedback from healthcare professionals that complimented the quality of nursing and the quick thinking of nursing and care staff to ensure people's safety was not compromised when they had complications with their health or the use of equipment, for example, if someone's airway became blocked due to mucus build up.

Using medicines safely
● Medicines were stored and administered safely.
● Best interest meetings were held if people did not have the capacity to consent to administration of medicines to ensure it was in people's best interests, and there were regular medicines reviews.
● Clear records were maintained of medicines administered.
● Controlled drugs were stored securely and there were additional measures in place to ensure the safety of the management of these medicines. For example, an alarm was sounded when the door to the controlled drugs cabinet was opened.
● We also received feedback that nursing staff were working closely with healthcare professionals to reduce the amount of antibiotic use at the service.

Preventing and controlling infection
● People's friends and family were able to visit and visiting arrangements were in line with current national guidance.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● There was an ethos within the service to learn from mistakes and when things went wrong. There was an open and honest approach within the management style to ensure lessons were learnt and improvements made when required.
● The service issued patient safety alerts when there had been incidents in any of the provider's three services which could be learnt from. For example, there had been one incident when a person's tracheostomy was damaged. The service reviewed their procedures for ensuring spare equipment was kept nearby as people moved around the home to ensure their safety.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a comprehensive assessment of their needs to ensure they received care in line with best practice guidance.
- The service had adapted their initial assessment process in response to pressures on hospital settings during the COVID-19 pandemic. The assessment process had been streamlined to gather the information they required in order to assess whether Highfield House was the right place for people to receive care and support.
- There were ongoing assessments throughout a person's stay at the service to ensure they continued to receive care in line with best practice guidance.

Staff support: induction, training, skills and experience

- People received support from staff that had the knowledge and skills to undertake their roles.
- We found that training arrangements had slipped since our last inspection. During the COVID-19 pandemic the provider had a change of training provision as less face to face training was delivered during this time and completion of required training had reduced. This was in the process of being addressed and there were daily training sessions which staff could attend if they needed to update their knowledge and skills. One staff member told us, "They are giving us the opportunity to learn and the team encourage us to do everything and give us space to learn."
- The induction process had been streamlined and strengthened to ensure new staff felt well supported and had access to high quality training which enabled them to understand their roles and responsibilities.
- Staff felt well supported and had regular supervision and annual appraisals.

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

- People received a nutritious, balanced diet that meet their needs. People told us they liked the food and one person said, "The food is very good."
- Staff were aware of people's dietary requirements and provided safe support in line with their needs, including for people who received their nutrition via a feeding tube.
- The new electronic care records system enabled the speech and language team and dieticians to update their advice directly onto people's records, and this alerted kitchen and care staff to any changes in people's dietary requirements.
- The service had implemented a 'taste for pleasure' initiative which enabled people to dictate what they wanted to eat and able to request meals off the menu. We were given the example of one person who had previously been getting frustrated at mealtimes and they requested to eat the same foods at each meal time. The staff had supported the person in line with their request in order to increase their enjoyment at

mealtimes. This approach had also enabled staff to slowly introduce new foods and more variety into the person's meals.

Adapting service, design, decoration to meet people's needs
● A safe environment was provided. People had personalised their rooms and they had plenty of belongings to make their rooms feel homely. However, we found that some of the communal areas and corridors could benefit from some redecoration where paintwork had been damaged from beds and wheelchairs. The registered manager confirmed a redecoration programme was in place.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
● The home supported people who were clinically vulnerable. The staff worked with healthcare professionals to ensure people's health needs were met and they received effective, coordinated care.
● A healthcare professional told us, "The care and attention that the residents receive at Highfield House is very good. All the care teams within Highfield House work together cohesively to ensure effective patient outcomes." Another healthcare professional told us the new electronic care records enabled them to have remote access which allowed them to provide timely and responsive care.
● We were provided with a number of examples from healthcare professionals, where staff at Highfield House had been attentive and responsive to changes in people's health which had positive effects on the person, their independence and rehabilitation. In one example, a healthcare professional told us, "If the care team looking after her had not been so patient focused with real attention to detail, this lady …would not have progressed as quickly."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People who had capacity were included in all decisions. People were able to explain their care and treatment plans and told us they were empowered and included in their care.
● When people did not have capacity, those who were responsible for making decisions on their behalf were involved in their care.
● People were only deprived of their liberty when staff had the legal authorisation to do so.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well looked after and treated with respect. A relative told us, "They definitely know how to look after her. If my mum was not happy, I would know." A person said, "Yes, they are very kind. They do treat me with dignity and respect. And they always knock before entering my room. I am very happy here. They do come and have a chat with me."
- Staff respected people's individuality and knew the people they were caring for. However, we found that people's care records lacked information about the person, what they liked and what they were interested in. This potentially impacted on the quality of interactions and provision of personalised care. For example, one person told us their preferred name but this was not recorded in their records and therefore not accessible for all staff, particularly for agency staff and newer staff. Another person told us they liked to play a particular game but again this information had not been captured in their records. In the care records we viewed, there was little information about people. The focus was more on their clinical needs rather than them as a person. The registered manager showed us they had started to develop one page documents to display in people's rooms about the people they supported so this information was accessible to staff, and there were plans to ensure this was rolled out to everyone at the service.
- Staff supported people with their emotional needs and their well-being. This included working closely with people to come to terms with their diagnosis and the change in their abilities. Staff also worked with families to support their emotional wellbeing.

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

- People were fully involved in their care. Staff were able to describe to us how people expressed their views, including one person who has locked in syndrome. They gave an example of how they supported the person to get dressed and if you held up a choice of clothes they were able to indicate what they wanted to wear with their eyes.
- The service was also supporting families to be further involved in people's care, especially for people who were unable to express their own views. In response to feedback in the satisfaction survey, staff had arranged for families to be invited to the GP's ward round where their relative's care was reviewed by the GP, nursing staff and therapists. This gave families the opportunity to have their views included in medicine reviews and the development of care plans, including advanced care decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, and personal care was only provided in the privacy of people's bedrooms or bathrooms.

● People were supported to be as independent as possible and staff supported people with their rehabilitation.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Care and nursing staff worked with the therapy team and other healthcare professionals to ensure people received high quality care. We were given examples where care and nursing staff were detailed, focused and responsive to changes in people's needs. This included identifying minor changes that indicated improvements in people's health and supported quicker recovery and rehabilitation. Staff worked with people to support them with their rehabilitation to develop more strength and increase their independence.
- One person said, "The staff do know how to look after me." Another person told us, "They definitely know how to look after me." A relative said, "I think that they are very well organised. Nurses take good care of her, including emotionally. It is all very professional. Mum is treated like a queen. We are really happy as a family."
- Care plans were in place regarding people's clinical needs and their care and treatment plans. These were developed using the newly established electronic care record system. Staff were aware of and working on developing these records to ensure they contained up to date, specific and detailed information about people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of how people communicated, including the use of verbal and non-verbal communication. Staff also used technology to engage with people, including using eye gaze technology. Staff were aware that one person preferred to communicate in writing as they found it easier than communicating verbally. This information was not always included in people's care records and therefore may impact on the quality of communication and interactions from agency staff and new staff who did not know people as well.
- Staff organised for interpreters when required and there were a variety of languages spoken within the staff team.

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

- Staff supported people to lead busy lives. A person told us, "I keep very busy, and that is my choice." A relative said, "Mum is made to feel very included. They help her to join in as much as possible."

● A new activities coordinator was in post and they were working on developing a busy activities programme. People had started to re-engage in the community as restrictions from the COVID-19 pandemic were lifted in order to live fulfilling lives.

Improving care quality in response to complaints or concerns

● Any concerns or complaints made were resolved and learnt from. A person said, "Any concerns are quickly resolved."

● All complaints made were investigated and used to improve practice at the service.

End of life care and support

● People were supported at the end of their life. Staff worked with people and their families to develop advance care plans, establish ceilings of care and decide whether someone wished to be resuscitated or go to hospital should their health deteriorate. One healthcare professional told us, "The standard of palliative care delivered by the nursing staff has been excellent."

● The staff worked with the local hospice and received advice and training from hospice staff. They were working towards the gold standards framework, a recognising good practice framework for supporting people towards the end of their life.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Through the leadership and governance arrangements, the service was aware of the areas of service delivery which had dipped during the pandemic and had initiatives in place to improve practice in these areas, including a recruitment drive, roll out of their training programme and development of the electronic care records.
- There was a comprehensive governance structure in place which mapped to the provider's mission and values statement. This included monthly and quarterly analysis of key information and reporting to the provider's governance board.
- The provider was open and honest about their performance and their annual quality accounts were available for the public to view on their website.
- The registered manager was aware of their responsibilities, including notifying the CQC of certain events in line with their registration requirements.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff, people and their relatives were encouraged to express their views and opinions. There were regular meetings and people and relatives were encouraged to complete satisfaction surveys. A comment from a relative in the satisfaction survey included, "Highfield House is truly home from home. Not only is it located in a beautiful setting, it is also filled with love, care, professional and friendly staff. They are committed to the well-being of my relative and go above and beyond… When in doubt about anything, I am consulted, and decisions are made together as a team. I can think of no better place for such a wonderful service."
- A resident and family forum had been set up to further gather people and relatives' views. At the time of our inspection the provider was asking forum members review the environment and make suggestions for improvement, as well as support the development of an information leaflet outlining what would be helpful for families to know when people were first admitted to the service.

Continuous learning and improving care

● There was a commitment within the staff team to continue to improve practice. One staff member told us, "There is a culture of learning."

● Staff were encouraged to be open and honest and make suggestions in order to improve care. Staff were also encouraged to participate in training and ask questions in order to continue to learn and develop.

Working in partnership with others

● Staff worked closely with other healthcare professionals in order to provide people with the level of care they required. Staff also worked closely with their commissioners, the local hospitals and the local authority. They liaised with other agencies in order to provide high quality coordinated care.