Scio Healthcare Limited

Highfield House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

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

The inspection took place on 13 and 21 November 2018 and was unannounced.

Highfield House is a care home which provides accommodation for up to 46 people who have nursing and personal care needs, including people living with dementia. At the time of our inspection, there were 37 people living in the home.

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

Individual risks to people were not always considered fully or recorded within people's care documentation.

Arrangements were in place for the safe management of medicines. People received their medicines as prescribed. The home was clean and hygienic and staff followed best practice guidance to control the risk and spread of infection.

People felt safe living at Highfield House. Staff knew how to keep people safe and how to identify, prevent and report abuse. They engaged appropriately with the local safeguarding authority.

Thorough staff recruitment checks were carried out when a new staff member started working for the service. There were enough staff available to keep people safe at all times and staffing levels were monitored by the registered manager.

People's needs were met by staff who were competent, trained and supported in their role. Staff received regular support from the provider and registered manager in order to carry out their responsibilities effectively.

People were supported to access healthcare services when needed. Staff made information available to other healthcare providers to help ensure continuity of care and supported communication between people and health professionals.

People were supported by staff with their nutritional and hydration needs. People were offered choice at mealtimes and menus contained a variety of nutrition and healthy foods. Where people had specific dietary requirements, this was well documented and staff were aware of how to meet these needs.

Staff were knowledgeable of the Mental Capacity Act 2005 and people's rights were protected in line with the Act at all times. Where people were required to be deprived of their liberty, this was completed and recorded in an appropriate and timely manner.

People were cared for with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what mattered most to them.

Staff took action to protect people's dignity and privacy at all times and encouraged people to be independent with all aspects of their daily routines where possible.

People had a clear, detailed and person-centred care plan in place, which guided staff on the most appropriate way to support them.

People had access to a range of activities based on their individual interests, including regular access to the community.

The service had a clear process in place to deal with complaints and we saw that concerns were dealt with in a timely and effective manner.

Staff took account of people's end of life wishes and preferences. They supported people to remain comfortable and pain free.

People, their relatives, visitors and staff members commented positively on the leadership of the service and felt that the service was well-led. The provider was engaged with the running of the service and was approachable to people and staff.

There was an appropriate quality assurance system in place and where issues were identified, action had been taken promptly.

Staff were organised, motivated and worked well as a team. They enjoyed working at the home and told us they felt valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Individual risks to people were not always considered fully or recorded within people's care documentation.

People received their medicines safety and as prescribed. Medicines were ordered, stored and disposed of correctly.

People felt safe and staff knew how to identify, report and prevent abuse.

Procedures were in place to protect people from the risk of infection.

Appropriate recruitment procedures were in place. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were knowledgeable, skilled and supported in their role.

Staff worked together co-operatively for the benefit of delivering effective care and support.

People had access to health care services and professionals where required.

People were supported to eat a variety of nutritious meals and were encouraged to drink often.

People's rights were protected in line with the Mental Capacity Act 2005. A process was in place to ensure that people were only deprived of their liberty appropriately and where required.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind, compassionate manner and attended to people's needs at a personal level.

Staff had developed positive relationships with people and their families.

People diversity needs were considered and staff supported people to maintain their cultural wishes.

Staff ensured that people's dignity and privacy was respected at all times.

People were encouraged to be as independent as possible in their day to day routines.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and contained clear information about how to meet each person's needs.

People were supported to participate in a variety of activities to ensure they received mental and physical stimulation.

There was a robust complaints procedure in place to ensure that concerns were investigated and dealt with appropriately.

Where appropriate, steps were taken to ensure people received compassionate and dignified care at the end of their lives.

People received person-centred care and staff respected people's choices.

Is the service well-led?

Good

The service was well-led.

The provider was engaged in running the service and there was a positive and open culture.

Staff were organised, motivated and worked well as a team. They felt fully supported and valued by the registered manager.

Auditing processes were in place. The quality of the service was monitored and appropriate actions were taken when required.

The service had developed positive links with the community. Health and social care professionals spoke positively about the

leadership of the service.

Highfield House Nursing 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 13 and 21 November 2018 and was unannounced. The gap in the inspection dates was due to the availability of key people who worked at the service. On the first day of the inspection there was two inspectors 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. On the second day of the inspection, there was one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We spoke with 12 people living at the home and six family members. We spoke with the registered manager, the deputy manager, the administrator, a nurse, six care staff, two housekeeping staff and a cook. We received feedback from two healthcare professionals who had contact with the service.

We looked at care plans and associated records for ten people and records relating to the management of the service, including: duty rosters, staff recruitment files, records of complaints, accident and incident records, maintenance records and quality assurance records. We also observed care and support being delivered in communal areas of the home.

We last inspected the service in May 2016 when we identified no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Highfield House and appeared at ease when interacting with staff. One person said, "At home I didn't feel safe, but here they make you feel safe and they're always at the end of the button as well." Another person said, "Here there's 24-hour carers and I feel safe that way."

People's care plans included risk assessments which covered various risks such as: falls, nutrition, swallowing and skin integrity. However, we found that not all specific risks to people had been identified or considered. For example, we look at a risk assessment for one person who was identified as at high risk of falls. Their risk assessment described a management plan for the risk of falling whilst the person was in their bedroom only, however during the inspection, we observed the person walking around different areas of the home by themselves. Some people had a movement alert system in place to minimise their risk of falling. On one occasion, we observed a person's movement alarm sounding, however care staff told us they could not differentiate between this alarm and a usual call bell and therefore did not respond promptly to the person's risk. We raised this with the registered manager, who told us they were looking into a linking system between hand held devices carried by staff and calls bells, which would enable staff to be alerted more promptly and take action.

Some people required fluid thickener powder to be added to their drinks, which reduced their risk of choking. Fluid thickening powder can be dangerous if not used correctly or consumed in its dry form. Within the area where people living with dementia were accommodated, we saw that fluid thickener powder was not stored securely and no risk assessment for this was in place. We raised this concern with the registered manager who acknowledged that a risk assessment should have been in place. By the second day of the inspection, appropriate storage procedures had been completed, along with a comprehensive risk assessment.

Where people were at risk of developing pressure injuries and required regular repositioning, this was not always managed or recorded consistently. Where required, some people had a repositioning chart in place, however for other people at risk, we found that their care records did not evidence the frequency of repositioning was occurring at all times. We discussed this with the registered manager and deputy manager, who took action to raise the issue to staff and adapt the method of recording people's repositioning needs.

Staff had been trained to support people to move safely and we observed mobility equipment being used in accordance with best practice guidance. Where people had experienced falls, staff described how they monitored them for signs of injury, including head injury, using appropriate monitoring tools.

Environmental risks were managed effectively. Gas and electrical appliances were serviced routinely and fire safety systems were checked regularly. There was a system in place to help ensure that health and safety checks of the premises were completed regularly and that equipment was checked and serviced according to specified timescales.

There were clear processes in place to obtain, store, administer, record and dispose of medicines. However, we found that best practice was not being followed where some medicines were required to be kept at a cooler temperature in a fridge, to ensure they remained safe to use. We found that the temperature of the fridge was recorded twice a day, however the maximum and minimum temperatures since the previous recording were not considered. This meant we could not be assured that the temperature had been safe at all times. We discussed this with the registered manager and by the second day of the inspection, arrangements had been made to ensure a medical fridge was being used which recorded the maximum and minimum temperature.

Where people were able to administer some or all of their own medicines, safe systems were in place to assess their competency and ensure medicines were stored securely. Where people required their medicines in an altered format, safe procedures were in use, including records of consultations with people's pharmacist or doctor if appropriate. Information was available for care staff to apply routine prescribed topical creams safely, including direction as to where and when these should be applied. We looked at records of people's topical cream application, which confirmed these had been applied appropriately.

People's medicines were administered by nursing staff only, who had received appropriate training and had their competency in this area assessed regularly, to ensure they had the skills and knowledge to administer medicines safely. Medicine administration records (MARs) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given.

All staff including nursing, care and ancillary staff, knew how to protect people from the risk of abuse and understood their safeguarding responsibilities. They had received training in safeguarding adults and were confident action would be taken if they raised any concerns. One staff member commented, "If I have any concerns, they are acted on quickly" and another said, "If we identify something serious, those issues are dealt with immediately." The registered manager explained the action they would take if they had a safeguarding concern, to ensure the person's safety and help reduce the risk of any further concerns. We looked at records which confirmed that the registered manager had reported concerns promptly and liaised appropriately with the local safeguarding authority.

Appropriate procedures were in place to protect people from the risk of infection. Staff had received training in infection control and had access to personal protective equipment (PPE), such as gloves and single use aprons. People and their relatives confirmed staff wore PPE appropriately, they commented, "Yes, they are very thorough in that" and, "Yes, gloves and an apron. It's all about accountability, they have rules and they stick to them. You can't fault them."
People told us the home was kept clean at all times and during the inspection, we saw housekeeping staff following clear cleaning schedules for all areas of the service, which were monitored by the head housekeeper. All staff followed the provider's infection control procedures to prevent and manage potential risks of infection. The registered manager appropriately described how they managed any specific infection concerns and completed a regular infection control audit covering all areas of the service. The home had been awarded five stars (the maximum rating available), for food hygiene by the local environmental health department.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. People had personal emergency evacuation plans in place, which detailed the support they would need if they needed to evacuate in an emergency. Staff had also undertaken first aid training. Emergency equipment was available should this be required. An emergency call bell system was located within all areas of the home meaning staff could get prompt support in an emergency.

Where incidents or accidents had occurred, there was a clear record of the event, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. For example, where people had fallen, records showed the person had been monitored for any head injuries, assessments were completed of all known risk factors and additional measures put in place to protect the person where possible. All incidents and accidents were reviewed monthly and reported to the provider to identify any patterns or trends in incidents occurring.

There were enough staff deployed to meet people's needs and keep people safe. The registered manager told us that a dependency tool had been developed by the provider, however this was not currently used by the service. At the time of the inspection, there was a low occupancy of residents, which meant that staffing levels were determined by assessing people needs, observing staff and listening to feedback from people and staff. People told us there were sufficient staff available to support them. One person said, "Usually there's enough. They do the best they can when there's sickness or something like that" and another person said, "It's about right." Care staff told us they felt generally, there were sufficient staff on duty. One staff member commented, "You get the odd weekend where it's quite busy, but I think [staffing levels] are pretty good at the moment."

There was a duty roster in place which was completed by the registered manager. They told us that they ensured there was a suitable skill mix of staff for each shift and that a nurse was always available. Absence and sickness was mainly covered by existing staff working additional hours or agency staff as a last resort. For each shift, a clear allocation system was in place, so that all staff knew which areas of the service they needed to be, the people they were responsible for supporting and any specific tasks they needed to complete.

There were robust staff recruitment procedures in place. Potential new staff were shown around the home and introduced to some of the people using the service as part of the interview process. The registered manager told us that where possible, people were involved in the interview process and were given the opportunity to ask interview questions to potential new staff. Appropriate arrangements were in place to ensure that staff were suitable to be employed at the service. Staff recruitment records for six members of staff showed that the provider had operated thorough recruitment checks in line with their policies and procedures to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which would identify if prospective staff had a criminal record or were barred from working with vulnerable people. There was a formal approach to interviews with records kept demonstrating why applicants had been employed and staff files included application forms, references and health declarations.

Good

Is the service effective?

Our findings

People received effective care from staff that were skilled, competent and suitably trained. People and their relative's comments included; "They are very well trained", "I think [staff are well trained]. They all seem to know what they're doing" and, "Yes they are, as far as I can see."

New staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training as required by the provider. Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and some staff were being supported to complete vocational qualifications in care.

The service had recently started using a new system to record the training that staff had completed and to identify when training needed to be updated. We identified that some staff training was not up to date in line with the provider's policy, however we found this did not pose a risk to people as staff demonstrated an understanding and knowledge of relevant topics in relation to their role. We discussed this with the registered manager who acknowledged where there were gaps in staff training and described the action they had taken with the administrator to monitor which staff required an update to their training. Staff we spoke with were complimentary about the training they received and told us they found training sessions beneficial to their role. Staff were encouraged to complete training in other areas, which were additional to those deemed mandatory. One staff member said, "I'm doing a distance course at the moment in challenging behaviour and I've been booked on brand training. There's quite a lot of training courses offered, either through the company or by distance learning. We are always encouraged to do extra."

Staff were supported appropriately and felt valued. A structured process was in place to ensure that staff received regular one to one sessions of supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns and discuss training needs. One staff member told us, "I had a supervision about two weeks ago with one of the lead healthcare assistants, it was really useful." Supervision records viewed were detailed and the registered manager said that staff were also regularly observed by the management team and provided with feedback in relation to these observations. Reflective supervision sessions were used after incidents had occurred to ensure that all staff were aware of the correct processes when dealing with such circumstances.

Staff worked co-operatively together for the benefit of delivering effective care to people. A staff member commented, "Everyone works together well. We have a good team and a perfect routine. We have a laugh with the residents and get to know everyone really well, it's their home at end of day." Staff were kept up to date on people's changing needs through verbal handover meetings which were held in between shifts as well as written handover records. These meetings provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. One staff member said, "Handovers are good. We always know where we are meant to be and

who we are going to support. We can look at the written handover notes as well, I've got a copy on me now. If people have appointments, they are also recorded for us to know about."

Staff were knowledgeable about people's individual health needs and people were supported to access appropriate healthcare services when required. One person said, "The doctor comes every week, you can ask to see him. There's never been a problem about my hospital appointments." A person's relative commented, "[My relative] had to go to the hospital, it was well organised." Records showed people had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes of consultations were recorded in detail, showing staff had identified medical needs and sought appropriate treatment promptly. The service also used technology to monitor people's general health and take action where necessary. For example, nurses monitored people's health including their blood pressure and temperature when required.

People were complimentary about the food provided. A relative commented, "[My relative] eats them out of house and home. She loves the food here, she says the food's fantastic." People received appropriate support to eat and drink enough. Their comments included: "You get enough food", "Yes, there is plenty" and, "Oh yes, you can't complaint about that." Where required, staff supported people to eat their meals in a patient and unhurried manner. People were offered varied and nutritious meals which were freshly prepared at the home and alternatives were offered if people did not like the menu options of the day. One person commented, "It's quite a varied menu, there's a good chance of getting something you like" and another person said, "The chef asks if you have any suggestions and tries hard to get you the things you want."

Special diets were available for people where required. One person told us, "[The food is] very good. I've got a funny diet and they know about that." Catering staff were aware of people's preferences and special dietary needs and described how they met these. Where people were at risk of weight loss, their weight was monitored and people were supported to maintain their weight. Drinks were available throughout the day and we saw that staff prompted people to drink often.

Where people had specific needs in relation to their health, there were systems in place to ensure they received the necessary care they required. Furthermore, a process was in place to ensure that when people moved into the service, their needs were reviewed by their doctor and up to date. This ensured that the service had the correct information available about people's conditions to support them appropriately. Should a person be admitted to hospital, a 'hospital information pack' was accessible for staff to handover to appropriate professionals. This provided key information about the person, to ensure hospital staff understood the person's needs and how these should be met. People's care records contained detailed information about their health and social care needs. Care staff told us they would report any changes in people's care or needs to nursing staff as soon as they occurred, meaning prompt action could be taken to ensure people's needs were effectively met.

During the inspection, we noted some areas of the service which were in need of minor refurbishment and redecoration. We discussed this with the registered manager, who explained that the full-time maintenance member of staff was absent from the role, however steps had been taken to act on maintenance issues. For example, using maintenance staff from local care services registered under the provider and supplying a maintenance log book, for staff to record any issues identified around the service. People's bedrooms contained photos, personal possessions and furniture of their choice. People had access to a variety of different communal areas in the home, which meant they could choose whether they spent time with others or alone.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions. Staff demonstrated a good knowledge of the MCA and how this applied to their role when supporting people. One staff member said, "We must never assume people don't have capacity to make a certain decision, but if they don't, it's about making sure decisions are in their best interest." DoLS authorisation had been approved for several people living at the service and the registered manager had a system in place to ensure that DoLS authorisations did not expire beyond a certain date.

Staff understood their responsibilities regarding people's consent. For example, nursing staff told us how they encouraged people to take their medicines, but were clear on their right to refuse. Throughout the inspection, we heard staff seeking verbal consent from people before providing care or support and people confirmed this always happened. One person commented," I have a job using my right hand and they say, 'Do you want that cut up?'" and another person said, "I would say so, yes." At the time of the inspection, restraint was not being used to provide people with personal care, however staff told us how they worked with a person who was often reluctant with aspects of their personal care. The methods they described were proportionate, appropriate and considered the person's rights and best interests.

Good

Is the service caring?

Our findings

Staff showed care, compassion and respect towards the people living at Highfield House. People, their relatives and professionals spoke positively about the attitude and approach of staff. One person said, "They are very understanding" and another person said, "They are kind, caring and helpful." A relative told us, "They do very well, they're under pressure but they're always polite to [my relative]."

Staff had built caring relationships with people, they knew what was important to them and showed consideration towards people's individual needs. For example, during handover, one staff member spoke with another staff member about an activity that they thought a person may be interested to attend, they said, "I'll ask him in a minute if he wants to go, he likes a sing song, but if not, I expect he'll want to stay in his room as he usually does." Another person had a note in their care plan, stating they liked to have their favourite cuddly toy in bed, which we saw staff had made sure was there. We saw that staff interacted with people in a supportive and respectful manner. Staff addressed people using their preferred name, knelt to their eye level and used touch appropriately to provide reassurance. Furthermore, the service used a keyworker system. A key worker is a staff member who takes a particular interest in a named person, ensures the person's care plan is up to date and acts as a point of contact with family members.

Where new people moved into the service, staff were attentive and took the time to find out about people's individual preferences. For example, we spoke with a staff member about a new person who had moved to Highfield House from another residential home. The staff member told us they had contacted care staff from the previous residential home to find out about their knowledge of the person. They further commented, "Firstly I read through their care notes and if they have family, I will try to catch a member of their family. It's about finding out the little things, like if they use a certain brand of toiletries or if they prefer coffee or tea."

As well as developing positive relationship with the people living at Highfield House, staff had also built a strong rapport with people's friends and family. For example, during the inspection, we saw a relative offering to help lay the table before lunchtime, as they were joining their family member for a meal. The registered manager told us they encouraged people's relatives to feel as though the service was like a second home to them and invited them to join in with activities and have a meal with their loved one. They told us about a relative who regularly visited after their loved one had passed away at the service, as they had built a friendship with other people living at the service and recently celebrated their birthday at Highfield House.

Compliments about the service, which had been rated online and 'thank you' cards described the caring approach staff gave towards caring for people. Written comments included; "I had a very happy stay and although I can't remember all of your names, I shall never forget your kindness", "It gave us great peace of mind that [our relative] was with such caring people", "Directly I enter the nursing home, the staff greet me with a fond hello" and, "The care I receive at Highfield House Nursing Home is excellent, nothing is too much trouble for the staff."

People's cultural and diversity needs were explored during pre-admission assessments and were further

developed in people's care plans over time. We saw that people had been supported by the service to maintain their faith. For example, the registered manager spoke with us about a local minister who visited the home regularly to conduct a service, and visited people in their bedrooms for one-to-one conversations if requested. We saw that people's care plans clearly referenced their preferences and how they wished to be supported to maintain their faith and their sexuality. The service also held 'theme days' around people's nationality, which involved trying different foods and festivities which were important within the culture of that country. The registered manager told us about their plan to continue holding the days, to allow people to share and understanding the variety and differences in people's cultures.

People's dignity was protected at all times by staff who were considerate in maintaining people's privacy. A person told us, "Yes, when I'm getting dressed or if I'm in and out of bed, they draw the curtains." A relative said, "They close the door and change the [door] sign over. [My relative] was getting dressed and the sign was still over. The member of staff knocked before she came in." During the inspection, we saw staff knocking on people's doors and waiting for a response before they entered, which people confirmed to us always happened. Staff described the practical steps they took when ensuring that people's dignity was upheld during personal care, such as drawing curtains, closing the door and covering people with a towel. Privacy screens were available for staff to use in bathrooms and communal areas if required.

People were encouraged by staff to remain as independent as possible in all aspects of their day-to-day routines. One person's relative commented, "[The staff] don't step in too much, they let [my relative] do what she can for herself.' Staff demonstrated a clear understanding of the importance of maintaining people's independence to assist in improving their overall well-being. For example, during lunchtime, some people were provided with plates that had raised edges, so they were able to eat independently.

Confidential information, such as care records, were kept in the registered manager's office and only accessed by staff authorised to view them. Any information which was kept on the computer was also secure and password protected.

Good

Is the service responsive?

Our findings

People told us they received personalised care and support that met their individual needs. One person said, "Everybody looks after me." Another person told us, "There's nothing to complain about. The nurses and staff are very friendly and there's help if you need it." People's relatives were confident that their loved one needs were met in a person-centred way. They commented, "It seems controlled, but relaxed. It seems homely, like a person's home, but there are people to help if you need them" and, "[My relative] is kept comfortable, warm. They're attentive to her general comfort. She's kept clean and she has the hairdresser once a month."

Initial assessments of people's needs had been completed when they moved into the service and care plans were developed to help ensure that people's needs could be met appropriately. As part of the assessment process, relatives were involved to ensure staff had an insight into people's personal history, their individual preferences and interests. Information of this type helps to ensure people receive consistent support and maintain their skills and independence levels.

The provider was in the process of using a new system of electronic care plans. The new format was well organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. Staff were able to access people's care information on hand held devices, where they also recorded the personal care people received. Care plans were centred on the needs of each person and took account of their medical history, their preferred daily routine and how people wished to receive care and support. A system was in place to review people's care plans monthly, or sooner if people's needs changed and we saw a report from a health care professional who had worked with the registered manager to review all people's care plans and ensure they reflected their current needs.

People had access to a range of activities, which were mainly organised by an activities coordinator with support from care staff. There was a weekly timetable of activities on display in a communal area of the service and this included activities such as games, music, arts and crafts, choir practice, pet therapy and chair exercises. During the inspection, we saw a singing activity taking place in the main lounge, which was well attended by a number of people and their relatives. Trips to local shops and attractions were organised and based on people's interests. For example, the registered manager told us about one person who expressed an interest in going to the seaside and we saw a picture of them on an outing to the beach.

A process was in place to deal with complaints. People and their relatives told us that they felt able to raise a complaint and the provider and registered manager were approachable to discuss concerns. One person said, "If I had a concern, I would go to [manager]. If I had no response, I would go higher." Information about how to raise a complaint was clearly displayed in the main reception area of the service, along with contact numbers for the local authority complaints team and the CQC. Where people were not able to read this information, or had difficulty in verbally communicating, staff were knowledgeable of how to identify changes in people's behaviours that may indicate they were worried about something. Staff supported people to talk about any concerns they had, in order to resolve them effectively. We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the

provider's policy. The registered manager described how they used complaints to help identify learning and to improve the service.

Staff supported people at the end of their lives, to help ensure they experienced a comfortable, dignified and pain free death. People's wishes in respect of end of life care were explored with them or where appropriate, with their relatives or others who knew them well. This was documented in care plans and helped ensure any social, cultural or religious practices would be observed. At the time of the inspection nobody was receiving end of life care, however the registered manager, nursing and care staff were able to describe how they supported family members and people, as they approached the end of their lives. These discussions showed that people would be treated with kindness and compassion and staff would ensure they were as comfortable as possible. Staff had been trained in end of life care and the registered manager spoke with us about how they had worked with external health professionals in the past, to help ensure people received appropriate care to manage any symptoms.

Staff were responsive to people's changing needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. People's care plans also contained detailed information for staff about what actions were required if people's needs changed. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that staff always followed any recommendations they made. A community nurse told us, "[Our team] report good rapport with all the staff and they are quick to raise any concerns they have with us regarding the patients. Likewise, they are also quick to respond to any requests or changes of care we may suggest."

Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. Throughout the inspection we saw that people were offered choice, such as which channel they would like on their television; where they wanted to sit and what they wanted to drink at lunchtime.

The service had considered people's individual communication needs to ensure they received information in a way that they understood. People had a 'communication care plan' in place to guide staff on the best way to speak with people or present them with information. For example, one person's care plan stated, "Please ask [the person] closed questions so they can respond with yes or no."

Good

Is the service well-led?

Our findings

People told us they were happy living at Highfield House and felt the service was well-led. One person said, "It's just a lovely home. It was my decision to stay on after I'd been here for rehab." A healthcare professional commented, "I have no issues with Highfield, they work well with us and I find their collaborative philosophy refreshing."

There was a clear management structure in place consisting of the registered manager, the deputy manager, heads of department and senior care staff. Each had clear roles and responsibilities and the management team worked well together. People, their relatives and professionals spoke positively of the leadership of the service and confirmed they were visible and approachable at all times. One person said, "I've spoken to her about a couple of things and she's very helpful." A relative said, "If I want to know anything, I can ask and I get a proper response. Or if not, I can go to the manager." Staff were also complimentary of management and told us that they felt confident to raise any issues with the senior management of the service, knowing they would be listened to. Their comments included, "[The registered manager] is good, she is really approachable. I think she would listen if I raised a concern" and, "I find her OK, I can approach her if I have any worries."

The registered manager told us they felt supported by the provider and were continually encouraged to develop their management skills. For example, at the time of the inspection, the registered manager was completing a leadership course as part of a wider scheme for all registered manager's running a service under the provider. Representatives of the provider visited regularly and were fully engaged with any changes within the service. Staff commented on the positive input from the provider's representatives and felt equally confident to raise issues and concerns with them if appropriate. A staff member commented, "[The provider's representative] is here a lot, they usually try and get involved with what's going on and if we have missed something, they will give us a nudge. They don't see a problem approaching us and we don't have problem approaching them."

Staff spoke positively about their jobs and told us there was a good sense of team morale amongst their colleagues. One staff member said, "I do enjoy it, it's really rewarding" and another said, "I'm proud to work here, I can leave here and know that I have done a good job that I'm proud of." A third staff member told us how they had previously left the service to work elsewhere, but returned shortly after, as they missed working within the service. Staff told us they felt valued in their roles and were often recognised by management when they had shown hard work. For example, the service had introduced an employee of the month scheme, which gave staff an additional incentive to work towards. The registered manager also spoke with us about schemes set up by the provider to recognise where staff had gone above and beyond their working role and encourage staff to be ambassadors of the provider's vision and brand.

Staff meetings were held regularly and provided an opportunity for staff to contribute to the running of the service and to make suggestions for improvements. One staff member told us, "The staff meetings are good, we get a chance to talk about things together." Another staff member described how they had put forward a suggestion at a staff member and although it had not worked out in practice, they told us they had ben

listened to fully.

The registered manager described the values of the service as those of care, comfort and companionship, which echoed the vision of the provider. In addition, they told us they wished to promote an active life for people, prevent loneliness with community involvement and ensure people's happiness from a good standard of care. Staff were aware of the provider's vision and values and how this related to their work. Staff meetings also provided the opportunity for the provider and registered manager to engage with staff and reinforce the vision and values.

There was an open and transparent culture within the home. The registered manager described completing daily walk rounds of the service, to interact with people, relatives and staff members, which helped them to monitor the culture of the service and identify any issues. The provider's performance rating from their last inspection was displayed in the entrance lobby. Visitors were welcomed any time and were able to come and go as they pleased. There were good working relationships with external professionals and the provider notified CQC of all significant events. A duty of candour policy had been developed, and was being followed, to help ensure staff acted in an open and honest way when accidents occurred.

Quality assurance processes had been developed to assess, monitor and improve the service, which included audits completed by the registered manager and provider's representative. The audits demonstrated that where concerns had been noted, actions were taken in a timely manner. Policies and procedures viewed were appropriate for the type of service and were accessible to people and staff members if required.

Communication was effective within the service and people and their relatives were updated with important information appropriately. One person said, "Well, I keep myself to myself, but I read the notices so I know what's going on." A relative said, "It's early days yet, but it's very good on the phone. What we like is that if we phone [our relative] and she doesn't pick up, it goes to the office and they pick up and communicate with us and tell us how she is and they pass on things to her."

People were consulted about the way the service was run in a range of ways. These included regular resident meetings, individual discussions with people and their relatives and a website feedback page. People and their relatives confirmed that their feedback was sought and acted upon as appropriate. One person told us, "I've brought things up and it's never been refused. At the residents' meetings, anything you've got to say, you can say it." The registered manager also told us about a questionnaire which would be sent to people, relatives and staff members in the following month.

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. Healthcare professionals described the positive relationships they had built with the registered manager and staff members for the benefit of the people living at the service. Links had been made with organisations and people within the local community, which gave people living at the service an opportunity to get involved with communal events and activities. For example, the registered manager told us about a number of people who regularly attended a local Alzheimer's café.