Care Quality Commission

Highfield (Saffron Walden) Care Limited

Highfield Care 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

Overall summary

This inspection took place on the 9 July 2015 and was unannounced. At the last inspection on the 8 August 2014 this service was meeting all the required legislation.

The home provides accommodation and nursing care for up to fifty one people some whom are living with a dementia. The home always has a qualified nurse on duty and has a registered manager.

'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.'

During the inspection we observed care provided around the needs of individuals and at a pace that suited them. Staff were relaxed and friendly.

We found a number of errors with medicines so could not be assured if was always administered safely or when people needed it.

Summary of findings

Staffing levels were appropriate on the day of inspection. The manager documented and reviewed people's dependency levels. Additional staff were not deployed at the busiest times of day which might help staff feel less pressurised.

Staff knew people really well which mitigated some of the risks of receiving poor care. However, gaps in record keeping meant we could not always see how staff were responding to changes in people's needs.

There were robust recruitment processes in place to ensure people were supported by staff who had the right credentials.

Staff were supported appropriately to enable them to be effective in their job roles. Staff supervision was not happening as often as the manager had planned but staff said they felt well supported.

Staff supported people lawfully with decisions around their care and welfare.

People were supported to eat and drink although we could not always see if people drank enough for their needs as this was not clearly documented. However during our inspection we saw staff worked hard to promote people's food and fluid intake.

People's health care needs were closely monitored and met by suitably qualified staff or other health care professionals.

The service delivered good care and staff were responsive and patient. People received dignified care which enhanced their physical and emotional well-being. Staff promoted people's independence and dignity.

People were involved in decisions about how the home was run and about their care and welfare.

People had suitable activities they could participate in and people were sufficiently stimulated.

People's needs were assessed and reviewed. Plans of care were in place to help staff know what people's needs were, but in reality staff knew people very well.

The service was well led. The manager was approachable and aware of what was happening within their service. They regularly monitored the service and there was differing levels of audits used to determine service compliance.

The manager engaged with people and their relatives about the service provided and we saw that people's levels of satisfaction were high.

Staff were supported in their roles but this was an area for potential improvement.

The staff worked closely with other social and health care professionals for the common good of people using the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was mostly safe.

Competent staff administered medicines. Medicine audits were not as effective as they could be and there were no PRN protocols to help staff know when certain medicines should be administered.

There were enough staff to meet people's needs and there were robust recruitment processes for new staff.

Risks to people's safety were documented but records did not always show how people's needs were being met.

Staff were familiar with how to raise concerns and protect people from potential or actual abuse or harm.

Is the service effective?

Good

The service was effective.

Staff had the right knowledge and skills to meet people's needs.

Staff understood how to support people lawfully.

People were supported to eat and drink and support given was appropriate to people's needs.

People's health care needs were met.

Is the service caring?

Good

The service was caring.

Staff were positive and supported people appropriately according to their level of need and were sensitive in their approach.

People were encouraged to retain their existing skills and develop new ones.

People were consulted about the service and involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Activities were provided around people's hobbies and interests and staff frequently interacted with people to promote their well-being.

People's needs were assessed before their admission and a plan of care put into place. Staff knew people's needs and had the skills to meet them.

Summary of findings

There was an established complaints procedure along with other things designed to take into account people's views and address any areas where the service fell short of expectation.

Is the service well-led?

Good

The service was well led.

The manager was approachable and responsive to the needs and concerns of people using the service, their family, visitors and staff.

They regularly monitored the service to ensure they were meeting standards of care or to identify any risks to people's health, welfare and safety so it could be addressed.

They worked with other agencies to ensure people had their needs met.

Highfield Care Home

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.'

The inspection took place on the 9 July 2015 and was unannounced. The inspection was carried out by two inspectors. Before the inspection we reviewed the information we already held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send to us by law. We carried out observations throughout the day and including lunch and medicine rounds.

We spoke with nine staff including, senior staff, ancillary staff, care staff, nurses and activity staff. We spoke with three relatives, twelve people using the service and observations of those who could not comment about the service. We looked at four care plans, staff personal files, audits and other records relating to the management of the business.

Requires improvement

Is the service safe?

Our findings

People were supported appropriately to take their medicines safety and staff explained things to them during administration. One person was worried about their medicines and its effect. We saw that staff took time to explain what the medicine was for and how it worked. Staff had been trained in the administration of medication; we observed a medication round at lunch time and saw that staff followed good practice guidelines. For example, where eye drops were administered staff ensured that they had a clean tissue at hand which was appropriately disposed of and they washed their hands afterwards.

Medicine trolleys were securely fixed to the wall when not in use. The contents of the trolleys were clean with no spills of liquids. The medicine storage area was securely locked when not in use and the fridge was clean and tidy. The temperatures were taken and recorded daily and were within the required range. There were clear records of medicines being received from and returned to the pharmacy. The home had a controlled drugs register in place and medicines received, administered and returned to the pharmacy were recorded in the register and signed by two members of staff. There were no gaps in the records reviewed.

Where people required Warfarin, a blood thinning medicine, there were clear systems in place to ensure that a record was kept of any changes to the dosage that had been authorised by the GP. Where the MAR sheet was amended this was signed by two staff authorised to administer medication to ensure the change was accurately made. Staff told us that they were aware of possible undesirable effects between medicines and took appropriate steps. For example, where people were prescribed medicines that could affect other medication they had clearly communicated with the GP and asked for advice.

However, we found that where people were prescribed pain relief medication to be provided as necessary (PRN) there were no protocols in place to ensure that staff were clear when to administer medicines. We also found that some medicines were still being administered after the manufacturers best before date and this had not been identified by the homes own audits and could mean the medicines were less effective.

Topical creams were administered by the care assistants. The Medicine administration records (MARs) we reviewed did not contain any unexplained gaps for medicines prescribed, however they did not contain a signature for the administering of topical creams. The team leader and nurse we spoke with informed us that there was no record in place for care assistants to sign once the topical cream had been administered. Additionally the individual MAR sheets did not describe the area where the cream should be applied.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2010.

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We could not always see how risks to people's health and safety were fully mitigated. We observed very good care being provided to people. However, we found care records did not always tell us if the care given to people was adequate for their needs. We found records were not always updated when a person's needs had changed or tell us what actions staff had taken when there was a concern. For example, people's fluid intake was recorded but we could not see what actions were taken when people had low fluid intake or what the expected fluid target was for each person. Some days, records showed really low fluid intake with no action recorded. Care plans were recorded as being reviewed monthly, however most had a record of no change when in fact changes in people's needs had occurred but had not been taken into account. For example, one person's record said there skin was intact when in fact daily notes indicated they had a broken pressure area on their heel.

Staff completed these records but did not do so at the time of care delivery so it might be difficult for them to remember what people had. For example, we saw records were blank until after lunch and then staff were checking with each other what people had drunk before completing the fluid chart. Equally with repositioning charts, it was not clear from the care plan how often people should be repositioned and we found big gaps in the frequency of recording.

We also found that short term care plans were not in place when people were on antibiotics which could increase their risk of falls.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2010.

Requires improvement

Is the service safe?

Staffing levels were appropriate to people's needs. At the time of our inspection there were no vacancies and no use of agency staff to cover vacancies. Extra shifts were covered by staff picking up overtime. Staff generally felt there were enough staff, although some staff felt they were pushed and did not always have time to keep records up to date. We observed staff busy throughout the shift but care was provided in a responsive, timely way. There were appropriate arrangements for out of hour's support, so staff could contact senior staff if and when required. Staff said staff sickness could be a problem and there was less cover at the weekend, such as no activity staff.

We spoke with the manager about staffing levels. They told us this varied according to people's dependency levels. They said they completed dependency reports and showed us the rota for the nurses and team leaders which included the manager working shifts which enabled them to see if people's needs could be meet within current staffing levels. They told us when there was under occupancy at the home they do not reduce the staffing levels which meant that some staff might feel there were insufficient staff because the workloads fluctuated. They said they closely monitored staffing levels in line with people's dependency.

We looked at four staff's personnel files in relation to recruitment process. Two of the four people had clear records of completed application forms, provided information relating to any gaps in employment, health declaration, photo ID, criminal convictions declaration and provided contact information for two references. The provider had obtained, Disclosure and Barring Service clearance, received two satisfactory references before new recruits were allowed to commence employment.

Two people had been recruited through an agency that sources employees from abroad. There were curriculum vitae in place and two references had been supplied and translated into English. Both had documents from the counties police departments stating that they had no convictions. The manager had not carried out any Disclosure and Baring checks to ensure that they were not on the barred list because they said they had not lived in this country. The manager informed us that they had spoken with one of their senior managers who stated that it was not required. However, the manager did not have evidence that this was the person's first visit to this country so there is a risk with not carrying out these checks in line with best practice.

Staff understood their responsibilities in terms of keeping people safe and documenting anything out of the ordinary. Body maps indicated where people had marks or bruising and the reasons for this were looked into. Staff had received training on protecting people and were aware of the homes adult abuse policy and who they should report to if they suspected a person to be at potential risk or harm. Information was available to people using the service and their visitors on how to report concerns and who they should report concerns too. All visitors spoken with were clear how to do this.

Good

Is the service effective?

Our findings

Relatives and people using the service told us they were confident with staff and felt they had the right skills and attitude for the job. One person said, "They are patient and give people the time they need, yes I am confident with them." We also spoke with the NVQ assessor who was there to observe staff practices and to assess if they were competently carrying out certain tasks.

We spoke with care staff and ancillary staff. They told us they all have access to the same training regardless of their role. They said they had the knowledge they needed for their job role. We reviewed the staff training records which were comprehensive and saw that staff received regular refresher training as and when needed to ensure they had the necessary skills.

New staff received a local induction of the home and completed an industry recognised induction. The home was currently in the process of introducing the care certificate for new staff.

The manager said that people had not yet received an annual appraisal but this was planned to take place in September 2015 as this coincided with the time they took over as the manager.

Supervision records for staff showed that the plan was for staff to have one supervision every quarter, when in fact only 18 out of 47 staff had received supervision since January 2015. The manager explained this was because the deputy manager had been off sick but they had a plan in place to address the frequency of staff supervision.

People's capacity to make decisions was recorded and we saw family were involved in discussions about people's care and welfare where appropriate. GPs had been asked to sign do not resuscitate orders in accordance to best practice. In some instances bed rails were used to promote peoples safety. The rationale for these was recorded and signed by the nurse, GP and discussed with family. This meant decisions and the rationale for those decisions were properly recorded. We saw that where people were unable to make complex decisions staff acted in their best interest and made decisions in line with legislation and discussion and involvement with relevant health care professionals.

There were two sittings for lunch from 12.30 and the sittings were divided up according to the people's needs, for those who did not require assistance and the other sitting for those who did. We observed lunch and saw members of staff gently encouraging people to eat their lunch. The atmosphere was conducive to a good mealtime experience, with lots of conversation between staff and people using the service. People were complimentary about the food and we observed very little waste.

Staff were heard asking people if they had enjoyed their meal and if they had had enough to eat and drink. People were given meaningful choices such as, do you want white or brown bread, marmalade or jam and sugar or not. Staff knew people's preferences but still offered choices rather than assuming what people wanted. This meant people were appropriately supported.

Where staff were assisting people with their meal, they were heard asking them if they were ready for another forkful or a drink. Staff told us and we observed them asking people if they had had enough to eat and or drink. There was information about what was available and menus were on the table.

In the other dining room, where people required more assistance with their meal, we found this a bit more disjointed. People remained in their wheelchairs or the seats they had been sitting in during the morning. They were not encouraged to sit at the main dining room, although a few people would have been able to. This meant there was little opportunity to socialise and people sat waiting a long time for their meal because staff were assisting other people. The assistance provided was appropriate but an additional member of staff might help ensure people have their meal and support in a more timely way.

We asked staff if there were enough people to assist at lunchtime and they said there were usually but it fluctuated as people were assisted according to their pace. They said no additional staff were deployed at lunch time but the cook brought and collected the food trolley to help out.

People's health care needs were met and we saw staff monitored people's health and made referrals where appropriate. There was always a nurse on duty, who oversaw the nursing residents and there was a team leader who oversaw the needs of people in the residential service. This represented a change as there used to be two nurses on duty but, because of difficulties in recruiting nurses,

Good

Is the service effective?

they had reduced to one nurse. This was adequate but there was an acknowledgement of the pressure on the community nurses supporting the home and the sometimes high demands on the nurses generally.

People's records showed us that people saw dentists, opticians and other health care professionals as required. Staff reported some difficulty with GP practices with the amalgamation of two practices which they said had resulted in a less responsive service.

Good

Is the service caring?

Our findings

One person told us, “Staff are very kind and patient with me. ”One relative told us, “They, [my relative] is always clean, well shaved. I see the same girls [staff], they spoil them. It’s always a high standard, I’m here every day.” They said staff cared from their family member as they would.

One visitor said, “It’s lovely here, I would put my mum here, it’s the best home in the area.”

We spoke with staff about people’s needs. One staff told us, “Residents come first, Some people get confused. We go along with what people want. We are always told if they want to chat, we are to stop work and chat with them. Work comes later.”

We observed staff offering choices of drink to people. Staff gently encouraged people to eat their lunch. We spoke with one person who told us they were hungry and had not yet had their breakfast. When we asked staff about this they smiled and said they have had breakfast, they often have three. We watched the person have porridge, then toast, then tea. Staff responded quickly to their needs and were very gentle as the person became impatient when having to wait for a number of minutes whilst the toast cooked. Staff made sure this person was comfortable given them a blanket for their knees and given them a tissue to wipe their mouth.

Staff were kind. One person told us that some people could be difficult and rude to staff, but staff accepted it with good nature

People’s dignity was upheld. During the day we observed staff taking with people who used the service, they were polite and respectful. Staff were seen to knock on people’s doors before entering and doors were closed during personal care tasks to protect people’s dignity.

We regularly observed staff discreetly and sensitively asking people if they wished to use the toilet. We observed staff supporting a person with their needs. They required a hoist and staff worked in pairs explaining every part of the process and seeking to reassure the person. They used screens to protect the person’s privacy and dignity.

During the day we observed staff engaging with people who used the service; they were knowledgeable about people and their needs. They took the time to listen to people and responded appropriately. We overheard one person expressing concern about their health and said to the carer, “I am going to die.” The carer immediately stopped what they were doing and sat speaking with them and providing them comfort. They did so in a considerate way. We saw in people’s documentation there was a ‘thinking ahead’ document which asked people for their wishes and views in relation to their end of life care. This meant that staff would be able to support people in the way that wanted to be helped at the end of their life.

During the day we observed that call bells were answered promptly so people did not have to wait for their care. We saw the same in the communal areas with staff attending quickly to people and engaging equally with everyone.

Interactions were positive with people appearing contented throughout the day. Music was playing on the radio that was fitting to their age and possible choice.

Staff spoke to people in a calm, caring and sensitive way and consulted them about their care.

People confirmed that regular meetings were held for those wishing to attend. A separate meeting for relatives was also held and we saw the minutes for these. People’s care needs and preferences were recorded in their plan of care.

Good

Is the service responsive?

Our findings

We spoke with people in one of the lounges. They were not all able to tell us about their experiences of care but we observed a person with dementia and how staff skilfully interacted with them and entered their reality. This made their engagement meaningful. Another two ladies helped clear up after breakfast with one washing another drying. They did this thoroughly and one said, "It's good to be useful." Staff were on hand to support people but this was done respectfully and staff enabled people to do what they were able to do for themselves.

One person told us they did not partake in many of the activities but relied on visits from their family. They said it was their choice and there were no restrictions at the home. They showed us the activity planner and said they were always asked.

We observed the care provided in the home and saw that the person providing activities to people was very accomplished in the way they communicated and engaged with people. Throughout the day we observed them providing activities to people to keep them mentally stimulated. They told us there was currently only one volunteer and a driver for the bus, so said it was sometimes difficult to meet everyone's social needs. A small group of people were doing flower arranging and were given a lot of praise and encouragement when one person was disappointed with what they had achieved. People were encouraged to name the flowers and smell their scent. A spontaneous quiz followed and this was very well received with good participation from people living at the service. In the afternoon there was a singer who visited the home every month. He was very popular and we saw people were very content.

There was an established programme of activities which suited people's individual interests. One person told us how cross they were to have missed the tennis as they had fallen asleep. On the Saturday strawberries and cream were going to be taken in the garden to celebrate the finals of the tennis tournament. People told us they went out. The home had its own transport and went out in small groups. They said they very much enjoyed this. The activities co-ordinator said Wednesday was ladies day and a small group of ladies had gone to the local garden centre and had lunch. Friday was men's day and they had gone off to the pub.

The activities co-ordinator regularly recorded what activities had been provided, who joined in and if people had enjoyed the activity. This helped them evaluate what worked well and what people enjoyed.

The home had a hairdresser three days a week and had a designated, well equipped room. There was also a shop of site where people could purchase toiletries and other items.

On the day of our inspection the weather was warm and we saw people being encouraged to go outside. They had sufficient protection from the sun and adequate seating outside.

We spoke with other people who said their needs were met and staff were kind and caring. No one else raised any concerns with us as part of this inspection.

We spoke with a relative who told us that before their relative moved in they looked round and were given time to make a decision and all the information they needed to help them with this. They said they had looked at lots of homes but said, "They were not quite right, this home was lovely, the manager was really helpful, we were shown around, nothing is too much trouble and the environment is nice."

We spoke with relatives who told us they were kept informed of any changes to their family member's needs. One relative told us, "I have seen the care plan but I trust the staff to meet their [relative's] needs." We saw that people's needs had been reviewed and family members were involved. Reviews were sometimes held over the telephone but the discussion and pending actions were logged.

People's needs were fully assessed before a decision was made as to whether the home could meet their needs. Staff were familiar with people's needs and the care we observed was good

Staff were aware of people's needs and there were life histories for people. This information varied in each person's record and could be expanded on to help staff understand people's experiences which had shaped their lives.

We spoke with people who said they knew who the manager was and would raise concerns if they had any. We reviewed the complaints log and saw that where a complaint had been received that it had been dealt with in

Good

Is the service responsive?

line with the complaints policy. We were shown several compliments that had been sent to the home, they were very positive about the caring attitude of staff and the high quality of care provided to their relatives. For example, "Thank you for providing a safe haven for my sister."

Also, "Many thanks for looking after my mum so well and with such kindness during the last few weeks of her life, we do appreciate it." And, "When we visited Highfield we saw first-hand the extremely high level of care and affection shown by all staff." This meant the home took into account feedback about the service both positive and negative to enable them to improve the service when necessary.

Good

Is the service well-led?

Our findings

We spoke with staff, people using the service and their relatives about their experiences and if they were confident about the service provided.

We found that the service was well led. People, their relative's and staff spoke positively about the manager and the home. One person told us, "Yes I'm perfectly happy here, the staff are all nice to me and I am familiar with all of them. Yes the home is well managed, all perfectly respectful."

A relative told us, "The manager is lovely, very approachable and there's always lots going on."

One member of staff said, "The manager is very supportive, she is always contactable for advice and support." Another told us, "There is an on-call system in place in the event of staff requiring advice and support. This works very well. "They said it was a good team and staff worked well together.

One staff member told us that the manager was very supportive and when they received compliments about staff from visitors and family members they passed these on to staff so they knew what a good job they were doing.

The provider regularly carried out quality assurance audits around medication. The audit had failed to identify some of the concerns we had so might not be as effective as it could be. In addition to medicine audits the manager had a regular schedule of audits they carried out to help them assess the effectiveness and quality of the service they provided. These audits showed how areas of concern had been addressed to improve the overall service delivery. For example the home had taken steps to reduce infection rates following data collected showing how many people had an infection. Infection rates were reducing showing the actions being taken were effective.

Some staff had enrolled on the PROSPER project run by the local authority which was a scheme which supported homes to help minimise the number of hospital admissions as a result of a fall or infection. The project helped staff capture accurate data around falls and any themes or trends which could help staff take actions to minimise falls. It could be as simple as changing the lighting or layout of a person's room. The prevention, detection and treatment of infection was important in helping to reduce falls and hospital admissions. Some of the homes paperwork reflected their involvement in the project such as a falls safety stick in people's records which showed each month if the person had fallen. This was indicated by a red sticker where falls had occurred, green for no falls. This gave a visual indicator to staff and enabled them to see who was at risk so they could take appropriate actions.

The home had also engaged in friends and neighbours scheme, (FANS) which was a scheme which tried to match people from the wider community with people in the home in terms of their interests. The home reported some support from the local community and support with fundraising and donations.

People and their relatives were asked to contribute to the service delivery and we saw evidence of care reviews, resident/relative meetings and participation in activities.

Staff supervisions were not as frequent as the manager had intended and staff appraisals were due. A plan was in place to address this. We saw that staff skills were being developed and staff had areas of expertise and were champions for different areas of care. They were able to support other staff where they had additional knowledge in their chosen subject area. For example staff said there was a falls champion and other champions were being developed.

The home has not yet completed a quality assurance survey this year but do undertake these every year. We saw the one for last year, 2014 which indicated high levels of satisfaction with the service. An action plan was put in place to address any concerns where the service fell short. This meant that the service was monitored and improvements made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services did not always receive appropriate care and support because risks had not been fully mitigated. We identified concerns in relation to the safe administration of medicines, 12, (2) (g) and in 12 (2) (a) (b) identification and mitigation of risk.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.