

Highland House Residential Home Limited

Highland House

Inspection report

Littlebourne Road
Canterbury
Kent
CT3 4AE

Tel: 01227462921

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Highland House is a residential care home that accommodates up to 27 older people who maybe living with dementia. At the time of the inspection 23 people were living at the service.

What life was like for people using the service:

People continued to feel safe and that staff met their needs and preferences. However, potential risks to people's health and welfare had not always been assessed and there was not detailed guidance for staff to reduce the risks. Audits had been completed but had not identified the shortfalls found at the inspection.

People were treated with kindness and respect, they were supported to be as independent as possible. People told us they felt listened to and their views were respected and acted on, to improve the service.

Staff knew people well and understood their needs, choices and preferences. Staff monitored people's health and referred them to health professionals when required. People were supported to take part in activities they enjoyed. People were encouraged to maintain relationships that were important to them, visitors were welcome at any time.

More information is in the detailed findings below.

Rating at the last inspection:

Good (report published 13 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found that the service no longer met the characteristics of Good in all areas. The domains of safe, responsive and well led are now rated Requires Improvement. The overall rating is now Requires Improvement.

Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

Highland 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector 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 for older people who may be living with dementia.

Service and service type:

Highland House is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

People living at Highland House could tell us about their experiences living at the service, we spoke to nine

people and six relatives and visitors. We spent time observing staff with people in communal areas during the inspection. We spoke with the registered manager, the provider, deputy manager, team leader and two care staff.

We reviewed a range of records. This included three people's care records and medicine records. We looked at recruitment records, supervision and training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. However, people told us they felt safe. One person told us, "I feel safe everyone is very careful with me."

Assessing risk, safety monitoring and management:

- Potential risks to people's health and welfare had not been consistently assessed and there was not always detailed guidance for staff to mitigate the risks.
- Some people had a catheter, this is a tube into their bladder so they could pass urine. They were at risk of developing urine infections and the catheter becoming blocked. When the catheter is supra-pubic, the entry site is through the abdomen there are additional risks as there is also a wound.
- People's care plans did not contain guidance for staff about how to care for the catheter site, what to do if the catheter comes out, the signs of infection in the wound and when to change the drainage bags.
- During the inspection, we observed a night urine drainage bag in a bathroom, the tip which should be as clean as possible to prevent infection, was lying on the floor. The bag should be renewed weekly, however, the date on the back of the bag showed it was last changed on 3 December 2018. Staff told us that the bag should be changed weekly, but this had not been recorded and checked to confirm this was happening.
- Staff described how they cleaned the catheter site and this was consistent, however, the description did not follow current guidance. We discussed with the registered manager about what action staff would take if the supra-pubic catheter came out, they were unaware that urgent action needed to be taken as the wound site closes very quickly.
- Some people were living with health needs such as epilepsy. People's assessment included guidance about how to support the person and action to take if the person had a seizure. However, the person's care plan did not include any guidance about epilepsy. We discussed this with the registered manager, who told us they would expect staff to look in the care plan for guidance. There was a risk that staff would not give consistent support to the person when they had a seizure.

The provider had failed to assess the risks to the health and safety and doing all that is reasonably practicable to mitigate the risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us new guidance for staff to follow when supporting people with catheter care and additional catheter care training had been booked.
- Checks had been completed on the environment and equipment to make sure they were safe. Staff had completed on the fire system weekly, any concerns were recorded and rectified. Some people required special mattresses to keep their skin healthy and they needed to be set to the person's weight. Staff checked that the mattresses were set correctly, however, this had not been recorded. We checked the mattresses during the inspection and they were set correctly. This was an area for improvement.

Using medicines safely:

- Some people were prescribed medicines 'when required' such as pain relief, there was no written guidance for staff about when to give the medicine and how often. People could ask staff for pain relief when they needed it, staff described to us when and how often they would give the medicine. We reviewed the medicine records and medicines had been given when people had requested. This was an area for improvement.
- Medicines were stored, administered and disposed of safely. Medicines records confirmed people had received their medicines as prescribed. People told us they received their medicines on time.
- People who wanted to self-medicate, had been assessed and supported to do so safely.
- Some people refused their medicines. Staff had taken appropriate action and involved their relatives, GP and pharmacist to agree to some of their medicines being given in food.
- Staff completed medicines training and their competency was checked.

Learning lessons when things go wrong:

- Accidents and incidents were recorded by staff. The registered manager analysed the information to identify any patterns or trends.
- Action had been taken to reduce the risk of them happening again and they were used as learning opportunities for staff.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may have.
- The registered manager had reported any concerns to the local safeguarding authority and taken appropriate action to keep people safe.

Staffing levels:

- There were sufficient staff to meet people's needs. Holidays and sickness were covered by permanent staff.
- People told us there were enough staff. One person told us, "They come quickly when I push the bell."
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employer's make safer recruitment decisions.

Preventing and controlling infection:

- The service was clean and odour free.
- Staff received training in infection control and used personal protective clothing such as gloves when required.
- Domestic staff had specialist equipment using technology to minimise the risk of infection such as mop heads that could only be put into the bucket of water once.

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

People's care, treatment and support achieved good outcomes and promoted a good quality of life. People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people before they moved into the service to make sure that staff would be able to meet their needs.
- People's needs were assessed using recognised tools such as MUST to assess people's nutritional needs and Waterlow to assess people's skin integrity, following best practice guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment, this included people's needs in relation to their culture and religion.

Staff skills, knowledge and experience:

- Staff received training appropriate to their role including topics specific to the health needs of the people they support such as diabetes and epilepsy.
- Staff competency was checked twice a year in areas such as infection control and skin care.
- Practical demonstrations were used to help staff understand how people felt when being supported. Staff were asked to assist their colleagues with a meal. Staff told us, this had shown them how vulnerable people feel when they are assisting them and they considered this when assisting people.
- New staff completed an induction including shadowing more experienced staff to get to know people's choices and preferences. Staff were supported to complete the Care Certificate, a nationally recognised qualification to assess staff competency.
- Staff received formal supervision to discuss their practice and development. Staff told us they were supported to develop their role; the deputy manager had completed their management qualification to develop their role.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were given a choice of meals. People told us that if they did not want what was offered the chef would cook them whatever they wanted.
- People had formed a catering committee to discuss the menus. The committee had put forward suggestions, these had been adopted, for example there was now fish on the menu twice a week. One person told us, "First class food, the chef is excellent, he discusses my choices with me, I am on the catering committee."
- We observed the lunchtime meal, there was a relaxed atmosphere and staff assisted people when needed.
- Staff knew people well, when one person did not want to eat their main meal, they were offered two

puddings which they enjoyed, as staff knew they had a sweet tooth.

Staff providing consistent, effective and timely care:

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. When people lost weight, they were referred to the dietician, staff followed the guidance given.
- People had access to health professionals such as dentists, opticians and chiropodists. One person told us, "The chiropodist comes regularly." Another told us, "They accompany me to my hospital appointments."
- People were encouraged to be as active as possible and lead as healthy life as possible.

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 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 should 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 MCA. The application procedure for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
- When it had been assessed as appropriate, the registered manager had applied for authorisations to legally deprive of their liberty.
- Staff respected people's decisions and supported them to make decisions.

Adapting service, design, decoration to meet people's needs:

- The service did not have appropriate pictorial signage, to support people with dementia. The registered manager told us that they had purchased signage but this had not been put up yet. During the inspection the signage was put up.
- The building had been adapted to meet people's needs, the corridors had been painted in different colours, following best practice guidance, to support people with dementia to find their way around the service.
- People's rooms were personalised to reflect their choices and preferences.

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

People were supported and treated with dignity and respect; Staff knew people well and understood how they wanted to be supported and this was observed during the inspection.

Ensuring people are well treated and supported:

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- People told us staff treated them well. One person told us, "They are all very helpful and very kind." Another told us, "They look after me very well."
- We observed staff speaking to people in a discreet way and making sure they were at their eye level.
- Staff supported people to move around the service, encouraging them in a discreet way.
- People were encouraged to maintain relationships that were important to them. Visitors were welcome at any time.

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

- People had been encouraged to express their views. Staff supported people to discuss their care with health professionals.
- One relative told us that a recent care plan review, it had been discussed with the person that they needed to do more exercise and this had now resulted in the person becoming more mobile and independent.
- People were encouraged to make decisions about how they spent their time, what clothes they wanted to wear and food they ate.

Respecting and promoting people's dignity and independence:

- People were encouraged to be as independent as possible. People were encouraged to use walking aids to walk around the service.
- Staff had supported people to become independent following falls and treatment. One relative told us, "When my relative came in she was completely immobile but the environment and care is amazing and she is now almost back to normal."
- People told us and we observed, staff knocking on their doors and waiting to be asked in.
- People's care records were kept securely and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

People received care that responded to their needs, however, care plans did not always reflect the care being given.

Personalised care:

- People's care plans were stored electronically and staff reviewed people's care plans regularly. However, changes in people's needs had not always been recorded. One person's care plan stated they should sit on a pressure relieving cushion, during the inspection, the person was not sitting on the cushion. We discussed this with the registered manager, who told us the person's mobility had improved and they did not need to use the cushion. The person's care plan had been reviewed two days before the inspection and this had not been changed.
- Staff knew people well including their likes and dislikes, these were recorded in their care plans. There was information about when people liked to get up and go to bed, what drinks they liked and how independent they were.
- People were supported to take part in activities they enjoyed, staff organised activities each day. During the inspection, people were taking part in activities to celebrate Burns night and there was a visit from local school children, which people told us they enjoyed. One person told us, "I am an amateur artist and I like to get involved in all the arts and crafts."

Improving care quality in response to complaints and concerns:

- The provider had a complaints policy, this was displayed in the main corridor of the service. There was no pictorial version displayed, the registered manager showed us a pictorial version but this was not easily available, people would have to ask to see it. This was an area for improvement.
- The registered manager had recorded any complaints and concerns that had been raised and investigated these in line with the policy.
- People told us, they knew who to complain to and any problems were dealt with quickly. One person told us, "If I ever have a little niggle, it is sorted out quickly."

End of life care and support:

- People had been asked about their end of life wishes and these had been recorded.
- The registered manager told us that when people became frail or their needs changed, they would discuss this with the GP, to plan for future care.
- The service was completing the Gold Standards Framework for end of life care. As part of this, cafes were held to discuss end of life and what people wanted, in a relaxed atmosphere. One relative told us, "We were invited to a coffee morning recently to discuss end of life care."
- Staff worked with other health professionals to make sure people were comfortable at the end of their

lives.

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

Service management and leadership was inconsistent.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- There was a quality system in place to identify any shortfalls in the quality of the service. This was not always effective as the audits had not highlighted the shortfalls found at this inspection such as the guidance for staff to mitigate risks.
- The registered manager completed audits on one care plan a week, any shortfalls were recorded on a print out of the care plan and given to staff. There was no record that this had been followed up to check the changes had been made.
- The provider had commissioned an audit of the service by a consultant in November 2018, however, the audit had not been acted upon.
- Records of checks had not always been recorded such as the pressure relieving mattresses, to confirm they were set correctly.
- Records were not always accurate, for example, care plans did not always reflect the care being given.
- The provider was aware of their responsibilities under the new General Data Protection Regulation (GDPR) guidelines. To meet these, they had put in place an electronic system for visitors to sign in. The system required visitors to agree to terms about confidentiality. They were also required to have their photographs taken. However, the agreement did not include people agreeing to have their photograph taken. There was no information for people about why their photograph was needed, where and how long it would be stored for and who would have access to it, as required by GDPR guidelines. During the inspection, the provider put a notice up to inform people of how long their photograph would be held for.

The provider had failed to assess, monitor and improve the quality of the services provided. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff:

- People were involved in improving the service. Regular resident meetings were held where people could make suggestions about the service. People had been asked about the colour of the table cloths in the dining room, people had chosen red and these were in place during the inspection.
- People were invited to join committees to discuss and help organise aspects of the service. The committees included catering, Christmas and what music people wanted played in the communal areas.
- Quality assurance surveys were sent to relatives, staff and visiting professionals. The results had been

analysed and they were positive.

- Regular staff meetings were held for all departments as well as a general meeting. The meetings discussed the aims, values and goals of the service. The annual plan for improving the service and the roles staff would play were discussed.

The service promoted person centred, high quality care and good outcomes for people:

- There was an open culture within the service. There was an 'open door' policy and people told us senior staff were approachable. Relatives told us, "The management are so approachable, if I mention something it gets sorted." Another told us, "Management are approachable and easy to talk to."
- The registered manager and staff had a good understanding of people's needs and worked with them and their relatives to meet their needs.
- During the inspection we observed people and staff talking to the registered manager in a relaxed way.

Continuous learning and improving care and working in partnership with others:

- The registered manager worked with outside agencies including the clinical commissioning group to analyse information about admissions to hospital and how these could be reduced.
- The registered manager had continued to improve their knowledge about dementia care and regularly attended courses to keep up to date with best practice guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 The provider had failed to assess the risks to the health and safety and doing all that is reasonably practicable to mitigate the risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality of the services provided. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.