

Crosscrown Limited

Highfield Residential Home

Inspection report

The Common
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Highfield Residential Home provides accommodation and personal care for up to 26 people over 65. At the time of our inspection, there were 23 people living at the service.

People's experience of using this service:

- People enjoyed the atmosphere at the service, they told us it felt homely and staff were caring and helpful.
- People enjoyed their mealtimes, they told us the food was good quality and they always had choice. People's dietary requirements were recorded clearly and consistently met.
- People were cared for by staff who knew their life history and what was important to them.
- People were supported to access healthcare services when needed. Staff identified concerns and referred people promptly.
- People had access to a range of activities, further work was being completed by the registered manager to personalise the activities available.
- The registered manager had a visible presence in the home, staff felt well supported by management and people knew how to raise concerns if needed.
- We made recommendations about the management of some risks to people and the storage of medicines. More information is in the full report.

Rating at last inspection:

At the last inspection, the service was rated Good (Previous report published 29 November 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection

Follow up:

We will continue to monitor this service to ensure people receive high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Highfield Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

The service inspected was a care home providing people who use the service with accommodation and personal care. CQC regulate both the care and premises, these were both looked at during the 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:

This was an unannounced inspection.

What we did:

Our inspection was informed by information we already had about the service. This included reviewing feedback from relatives and people who live at the service.

We sought feedback from professionals working with the service, including the local authority and Healthwatch (a service that acts as an independent national champion for people who use health and social care services).

During inspection we spoke to five people who live at the service and three visitors of people who live at Highfield Residential Home. We also spoke to the registered manager, care workers, a chef and community nurses. We reviewed four care plans, four staff files, audits, health and safety records, surveys, accident and incidents and other records regarding management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff were trained in safeguarding. Safeguarding was included in the staff induction workbook.
- Safeguarding and Whistleblowing procedures were in place, staff showed awareness of where to find these and could explain the whistleblowing process.
- Safeguarding reporting was encouraged in supervisions and team meetings. Staff were supported to raise concerns
- Registered manager reported concerns openly to the local authority.

Assessing risk, safety monitoring and management:

- Appropriate health and safety assessments relating to the environment had been completed. These included gas safety, electrical testing, food safety assessments and safety of equipment such as hoists, slings, and chair scales.
- Personal evacuation plans (PEEPs) were in place for people to ensure they were supported in the event of a fire.
- Risks to people were assessed but not always managed effectively. People had risk assessments in place that identified areas of risk to people such as malnutrition, dehydration, and pressure damage. Some risk assessments stated further monitoring or action was needed to manage these risks; Where this was the case, it was not always completed effectively.
- We recommended the service consider changing some of their risk management processes to make these more effective.

Staffing and recruitment

- Recruitment practices were safe. Appropriate pre-employment checks were completed to ensure the suitability of staff employed.
- Staffing levels were responsive to the needs of people using the service. We saw there were enough staff to support people appropriately and saw examples of when this had been increased due to people's needs.
- Call bell response times were checked and discussed daily in handover. This was to ensure staffing levels were sufficient to support people.

Using medicines safely:

- Medicines were administered safely. Staff were trained and had their competency checked annually. We saw staff administering medicines safely during our inspection.
- Staff had enough information about each person's abilities and the support they needed with their medicine. Staff obtained people's consent prior to administering their medicines.
- Medicines administration charts (MARs) were audited regularly. Any concerns found were addressed appropriately by the registered manager.

- Medicines were not always stored safely, for example, records demonstrated at times temperatures were outside of the recommended range. Staff had recorded temperatures but not recorded the action taken to address the issue. Medicines are required to be stored at specific temperatures to ensure they are effective. We discussed this with the registered manager during our inspection, they took appropriate action.
- We recommend the service puts systems in place to record actions taken when temperatures for medicines storage are outside of a safe range.

Preventing and controlling infection:

- People were happy with the cleanliness of the environment, they told us it was cleaned regularly.
- Staff used aprons, gloves and other PPE (personal protective equipment) appropriately.
- Hand washing, PPE, and infection control environmental audits were completed regularly.
- The registered manager reported outbreaks of infection appropriately to Public Health England.

Learning lessons when things go wrong:

- Detailed records were kept of accidents and incidents. Management regularly analysed these for trends to identify areas for improvement.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- We saw people's capacity was assessed and recorded in their care plans. When it was deemed a person lacked capacity to make a certain decision, a process was followed to ensure decisions made where in their best interest.
- People were helped to access Independent Mental Capacity Advocates when needed.
- DoLS applications had been made appropriately, where DoLS had been granted, conditions of the DoLS had been met.
- We saw staff consistently seeking consent for daily activities, staff explained activities or choices fully.
- Where possible, people had been involved with the development of their care plan, and signed to show consent for care.

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

- Assessments of people's needs were comprehensive and lead to effective support planning.
- People's care plans were regularly reviewed and updated; updates to these were communicated effectively to care staff.

Staff support: induction, training, skills and experience:

- Staff were encouraged to pursue further learning, some staff told us they were being supported to complete accredited qualifications.

- New staff completed a competency workbook which included knowledge tests which were externally marked.
- Professional development and learning needs were discussed regularly in supervision. Staff told us they found this supportive.
- Staff told us they felt they had enough training to do their jobs effectively.

Staff were scheduled to complete regular training in several areas, for example: food hygiene, manual handling, first aid and nutrition. However, staff did not always receive training in line with these schedules. This meant that staff may not be aware of recent updates in some areas.

We discussed the overdue training with the registered manager who said they would address this.

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

- People were supported with their dietary requirements, for example, people with diet controlled diabetes were supported to make low sugar food choices.
- People enjoyed the food and were consistently given choice, one person said, "The food is brilliant, so much choice, all homemade."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Staff worked effectively with the community nursing team, one community nurse told us, "Staff are very helpful, they will always assist."
- The registered manager met weekly with an advanced nurse practitioner to discuss support for people using the service. The nurse practitioner told us staff identified causes for concern in a prompt manner and gave timely feedback about effectiveness of treatments.
- Appropriate referrals were made to other agencies when needed, for example, referrals to the Care Home Liaison team to support a person with advanced dementia.

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

- People told us they liked the design of the service and said it had a "homely feel".
- People's rooms were personalised with their own furniture, paintings, and photographs, they told us they enjoyed time spent in their room because of this.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw people being treated with kindness and staff spoke about people in a caring and respectful manner.
- People consistently told us staff were caring and this was a happy place to live. Comments included "Staff are kind and caring, they make it a joyful pleasant place" and "All of them [staff] really really good, they do anything for you."
- Visitors told us they saw a consistent staff team, one visitor said staff were "So nice, so friendly".
- People's care plans included life stories and detailed lists of people's personal and cultural preferences. Each person was assigned a keyworker who was responsible for communicating changes to people's preferences to the rest of the staff team. We saw people's choices being respected.
- People were supported to express their spiritual needs, we saw these were recorded in the care plan.
- There was a religious service held at the home regularly for those who wished to attend.

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

- People and their family were encouraged to take part in their care planning, this meant people were in control of their care decisions.
- 'Residents meetings' were held regularly, minutes of these were recorded and published for people to read. We saw people's suggestions at resident's meetings had been acted on.
- We saw staff changing their communication style to suit people's needs, enabling them to make day to day choices.
- People told us they felt able to express their views, one person told us the registered manager was lovely and she could complain if needed, another told us they felt able to voice their opinions.

Respecting and promoting people's privacy, dignity and independence:

- Staff we spoke to showed respect for people's diversity and differing needs.
- We saw people's right to privacy and confidentiality being respected.
- We saw people's personal information being stored safely and confidentially.
- People were supported to make choices about where and how they spent their day. We saw staff asking people their wishes and helping them per their choices.
- People were supported to maintain meaningful relationships with those close to them. We saw people being supported leave the service with their friends/family to spend time together. Visitors consistently told us they could visit whenever they choose.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- We saw in people's care plans that detailed information had been gathered on people's preferences. This included people's preference for: Number of pillows they wanted, favourite fragrances, favourite prayer, style preference and favourite shops.
- The registered manager told us documents had been printed in large print for people when needed. They also told us they would be able to have documents translated to another language if it was required.
- People received personalised support when they needed it, for example, we saw staff patiently comforting a person who had become distressed during afternoon tea.
- People's personal interests and hobbies were supported, for example, we saw bird feed and garden tools had been provided for a person who enjoyed gardening and feeding the birds. We also saw the door to a secure garden area had been left open so they could enjoy this hobby independently.
- We saw people engaging in activities such as quizzes, manicures and watching a performer.
- People who preferred not to join the group activities were offered 1-1 activities.

Improving care quality in response to complaints or concerns:

- The complaints procedure was accessible to people who wanted to read it.
- People were regularly encouraged to give feedback and the complaints procedure explained verbally as part of the resident's meetings.
- People told us they knew how to raise a concern, they told us management was around often if they needed to speak to them.

End of life care and support:

- Detailed records were kept of people's end of life wishes in their care plans; this included: religious/spiritual preferences, their preferred hymn/music, their burial preferences, their preferred funeral director and who they would like to be with them. We saw evidence that people had been involved in their end of life care planning.
- We saw personalised support for people, and families of people receiving end of life care, for example, we saw a bird feeder being hung outside someone's window so they could enjoy watching the birds from bed.
- We saw evidence of multi-agency working between this service and the local hospice; this meant people were supported to stay as pain free as possible and experience a comfortable and dignified death.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager told us all staff shared the same values and aims. They told us these were "Supporting good quality of life, appreciating people for their different characteristics and providing emotional support."
- Audits were in place to monitor the quality of care, where concerns were found, these were discussed with staff, we saw examples of this in team meeting minutes.
- Management had good knowledge of the duty of candour, and met this where appropriate.
- There were contingency plans in place to enable the service to continue to provide care in emergency circumstances.
- Senior care workers were being upskilled so that care co-ordination was consistent when the registered manager was not available.
- People and their visitors told us the service was well managed and described the registered manager as "approachable", another said, "Mum's eyes light up when she sees her [registered manager]."

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

- The registered manager had a good overview and understanding of all aspects of this service.
- The registered manager had good knowledge of the regulatory requirements, CQC had received appropriate notifications from the service since their last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff told us they felt well supported by management, one member of staff said the registered manager was "The best manager I've ever had".
- Staff surveys were sent out annually and were analysed to give an overview, the 2018 staff survey showed good staff engagement and morale. Survey results were displayed on a notice board and available for people to read.
- Satisfaction surveys were completed yearly, we saw feedback had been analysed and changes had been made in response to concerns raised.

Continuous learning and improving care:

- Senior staff had completed 'Champion training' in areas such as dementia and infection control in order to support the care team in these areas.

- There was a yearly action plan in place, aims included more robust activity planning before people moved into the service, this would enable activities to be personalised as soon as people move in. to enable personalised activities on arrival to the service.