Accommodating Care Newent Limited

Highfield Residential Home

Inspection report

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Date of inspection visit:
20 May 2016
23 May 2016

Date of publication:
23 June 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 20 and 23 May 2016 and was unannounced. The home was last inspected on 9 December 2015 in response to information we received. At that inspection we found a breach of regulation relating to people not being fully supported to maintain their well-being through adequate nutrition.

Highfield Residential Home is a care home for up to 27 older people. At the time of our inspection there were 14 people using the service.

Highfield Residential Home did not have a registered manager in post. The previous registered manager left their post in April 2015. 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.

Information about people's needs and the management of risks were not always clearly or consistently recorded.

People had their prescribed medicines safely and on time. However the service needed to ensure there was sufficient guidance for staff on the administration of certain 'as required' medicines.

There was an inconsistent approach to assessing people's mental capacity in relation to decisions about their care.

People were not fully protected against the employment of unsuitable staff. Health checks had not been made when staff were employed.

We heard positive comments about Highfield Residential Home from people and their relatives such as "very pleased with it" and "very nice". A visitor appreciated the size of the home which they felt compared well to larger establishments.

Staff and management understood how to protect people from harm and abuse. People received personalised care and there were arrangements in place to respond to concerns or complaints from people using the service and their representatives. People were treated with respect and kindness, their privacy and dignity was respected. They were supported to maintain their independence and keep in contact with relatives. People were enabled to be involved in activities in the home and to enjoy occasional trips out of the home.

Staff were able to develop knowledge and skills for their role through a programme of training. However staff supervision sessions had not been taking place. The manager was accessible to people, their visitors

and staff. People and their representatives were asked for their views about Highfield Residential Home. Regular audits checked areas of the service provided to identify if any improvement actions were needed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 fully safe.

Sufficient staffing levels were maintained to meet people's needs although people were not fully protected from the employment of unsuitable staff.

People were safeguarded from the risk of abuse and from risks in the care home environment.

There were safe systems in place for managing people's medicines. However there was a lack of guidance for the administration of some 'when required' medication.

Is the service effective?

Requires Improvement

The service was not fully effective.

Staff were developing appropriate knowledge and skills through training although lacked the support of structured supervision sessions.

There was an inconsistent approach to assessing people's capacity to consent to decisions about their care.

There were improvements to the way people were supported with their nutritional needs.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and were supported to take part in a choice of activities.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Requires Improvement

The service was not as well-led as it should be.

Information about people's needs and the management of risks were not always clearly or consistently recorded.

A registered manager had not been in post since April 2015.

The manager was accessible and open to communication with people using the service their representatives and staff.

The views of people and their representatives about the service provided had been sought.

Checks were in place to monitor the quality of the service provided however these checks had failed to identify the inconsistencies in record keeping.

Highfield Residential 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 20 and 23 May 2016 and was unannounced. The inspection was carried out by one inspector. We spoke with two people using the service, one visitor, the manager, the administrator and five members of staff. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition we reviewed records for five people and examined records relating to the management of the service.

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 improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

People were not fully protected against the employment of unsuitable staff. Although checks had been made on applicants' previous employment, members of staff had been employed without information on their health being checked to ensure they were suitable for their role. In addition there were no records to confirm applicant's identities on their files. Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Sufficient staffing levels to support people were maintained. The manager explained how the staffing was arranged to meet the needs of people using the service. Staff confirmed there were sufficient staff to meet people's needs. In addition to care staff, cleaners, kitchen staff,an administrator ans an activities organiser were employed. Care staff were supported by an additional staff member to assist with serving breakfast and supper.

Medicines were stored securely and the temperatures of storage areas were monitored. Records showed storage temperatures had been maintained within correct limits. People had their medicines on time and as required. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. However we found a lack of specific guidelines for the administration of medicines to relieve people's anxiety which were prescribed to be given on an 'as required' basis. We brought this to the attention of the manager who was aware of the need for suitable guidelines and agreed to action this. One bottle of liquid medicine had not been dated on opening with the risk that it may be used after the expiry date. We discussed this with the manager who agreed to look into this.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and confirmed they had received safeguarding training. They were confident any issues reported would be dealt with correctly. A policy and procedure was in place for guidance in dealing with a safeguarding concern along with the correct contact details for the local authority for reporting. One person using the service told us Highfield Residential Home was a safe place to live. People were protected from financial abuse because there were appropriate systems in place to help support people to manage their money safely.

People were protected against identified risks. For example there were risk assessments for mobility, pressure area care and nutritional risks. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a monthly basis. However some pressure area risk assessments had not been reviewed on a regular basis. People had individual emergency evacuation plans. People were protected from risks associated with legionella and electrical systems and equipment. Testing of portable electrical appliances was taking place during our inspection visit. The latest inspection of food hygiene by the local authority had resulted in the highest score possible. We observed the environment of the care home was clean The Provider Information

Return (PIR) stated "We have a vigorous cleaning programme maintained on a daily basis". A visitor commented on the cleanliness of the home and their relative's room which was "always tidy". Guidelines were available in the laundry to guide staff in the correct procedures for washing laundry.

Requires Improvement

Is the service effective?

Our findings

At our inspection of December 2015 we found some people were not adequately supported with their nutritional needs. In particular people who required individual support and monitoring. A thickening agent to help prevent one person choking on fluids was not available in the care home.

The provider wrote to us in February 2016 about the improvements they were making to support people with nutritional needs and these would be made straight away. At this inspection we found improvements had been made to the support given to people to meet their nutritional needs.

People were supported to eat and enjoy their meals. We observed people at lunch time. Improvements had been made to the environment of the dining room. Tables had been moved next to the windows, this created a lighter and more pleasant environment for people to eat their meals where they could enjoy views of the garden and the water fountain which occupied a central position on the lawn. In addition staff sat with people at the tables and were on hand if any support or prompting was needed. The result was a calm, quiet atmosphere where people were clearly enjoying their meals and the company of staff. One member of staff later told us "I find it much better sat at the table interacting with residents" and observed "those that didn't eat much, now eat more".

Some people chose to take their meals in their individual rooms. We checked to see they were receiving appropriate support. One person was not eating much of their meal and spoke about their lack of appetite. The manager immediately summoned a member of staff to support the person. Later when we spoke with the person we noted they had been given a drink and some fruit cut in to small manageable pieces. The person had been recently referred to the GP and a record was being kept of their food and fluid intake. People's weight was being recorded on a regular monthly basis although one person had not had their weight recorded since January 2016. Where there were concerns about people's weights or a review was needed, GPs were made aware. Nutritional risk assessments formed part of people's personal assessment plan, some people had a recognised nutritional risk assessment in place although this was not used for everyone.

One person was using a thickening agent in their drinks to help prevent choking, this was detailed in their care plan. We checked and found there was an adequate amount of the thickening agent available in the home for the person's needs with arrangements in place to order more when needed. People's assessment plans included information about food likes and dislikes. One person who described themselves as "fussy" about food said the meals were "alright". Another person followed a vegetarian diet, this was reflected in their care plan and on the menu where a vegetarian option was available each day. The care plan for one person about their dietary needs stated "I have no food allergies and I am not a fussy eater so will have the majority of meals prepared for me". The menu included two options of meals for lunch and for supper and these options were changed seasonally.

People were cared for and supported by staff who were developing the appropriate knowledge and skills. The manager told us changes in management had resulted in uncertainty about the reliability of training

records. A programme of staff training was in place for 2016 this was to ensure all staff received the expected training updates. This included health and safety, infection control and first aid. Staff had received training in subjects such as manual handling, protecting vulnerable adults and food hygiene. They also received training specific for the needs of people using the service such as dementia. Where relevant, staff had completed the care certificate qualification for staff new to the work of caring for and supporting people. Staff told us the training they received was adequate for their role. Staff also told us they worked well together as a team. One person told us "they seem to know what they are doing".

However staff had not received support through individual supervision sessions or annual appraisals. The manager was aware of the need for these and this had been recognised in the Provider Information Return (PIR) which described staff supervision sessions as an area for improvement.

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. Assessments had been made in relation to some people's capacity to consent to personal care and for one person for placing bed rails on their bed. However there was an inconsistent approach to recording the assessment of people's mental capacity. There had been no assessment of capacity in relation to two other people who had bed rails in place. Other people lacked assessments of their capacity to consent to 'day to day' decisions such as personal care. Assessment plan documentation stated "Does the individual hold the capacity to consent" without linking this to a particular decision. Staff knowledge of the MCA was inconsistent although one member of staff produced a small booklet they had been given by the manager describing the principles of the MCA. The PIR noted "Staff to have more training in mental capacity act and DoLS".

This was a breach of Regulation 11 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for authorisation to deprive three people of their liberty, following an assessment of their mental capacity. The applications were awaiting assessment by the supervisory body.

People's healthcare needs were met through regular healthcare appointments and visits from healthcare professionals. The PIR stated "Health appointments are attended and will send a member of staff to support the service user. Families or representative are always notified and asked to attend, but if this is not possible then we have a carer to assist and feed back". Visits were recorded in people's care plan folders on a 'Professional visit report sheet'. People received visits from GP's, chiropodists and memory assessment nurses.

Good

Is the service caring?

Our findings

People were treated in a kind and caring way by staff. During our observation of a bingo session we noted staff using an attentive and respectful approach to people. For example checking on their wellbeing and supporting them in a calm and discrete manner to participate in the activity. One person told us staff were "very polite", another commented about the "very nice staff". A visitor commented about their relative " I have never seen them unhappy or uncared for at all". Care plans included information about people's preferred choice of name for staff to address them correctly.

People and their representatives had been consulted about plans for their care. We saw examples of people signing their care plans to indicate they were aware of the content of the plans. The manager was aware of the need to consult people or their representatives about the care provided. Minutes of resident's meetings showed how people using the service were given the opportunity to express their views about the service provided. Meetings were held on a monthly basis and the minutes from May 2016 showed how people were consulted about their views on menus and activities including trips out. People were also introduced to the new manager and reminded about future events in the home.

People were able to access advocacy services. The Provider Information Return (PIR) stated "We help to provide advocacy services for service users that are in need of this." Information was available in the home about advocacy services although at the time of our inspection people were not using any of these services.

People's privacy and dignity was respected. The PIR stated "We maintain that service user's privacy should always be maintained by knocking on doors before entering their room and when doing personal care that their dignity is to be maintained at all times". Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. When supporting someone with personal care they would ensure doors were closed and people were covered appropriately. We observed staff knocking on doors before entering rooms during our visit. People confirmed they were able to have their own privacy and staff knocked on doors before entering. One person told us "they all knock". One member of staff described how some people preferred only to receive personal care from staff of the same gender. These preferences were known and staff were allocated to work with people accordingly. The development of a separate room for hairdressing and foot care meant people were able to receive these in a more private setting than had previously been available.

Staff gave examples of how they would promote people's independence through encouraging them to carry out certain personal care tasks for themselves, enabling people to make decisions about meal choices and times of going to bed. Care plan folders contained information on " Skills I could quickly lose if not actively maintained". This provided a reference for staff to enable people to maintain existing independence.

People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. One visitor was positive about the welcome they received, they told us "you come through the door and a cup of tea is in your hand".

Good

Is the service responsive?

Our findings

People received personalised care and support. The Provider Information Return (PIR) stated "We have person centred care plans which have specific and individualised information about service users care needs, and what action staff have to carry out to meet these." Care plans were detailed with specific information about people's needs and the actions for staff to take to meet them. We saw how the service had responded to meet the individual needs of people and listened to their views and wishes. For example, the service had recognised the importance of the companionship of a pet cat for one person. Arrangements had been made for the cat to live in the person's room cared for by them with support from staff. Other people received visits from dogs that were family pets. In order for staff to understand the people they were caring for, information about people's life histories was readily available for staff to consult at the front of people's care plan files. These contained a wealth of information about a person's life including important events, relationships, interests, likes and dislikes and religious beliefs. One person confirmed they received the right care to meet their individual needs. Staff described personalised care as "treating people as individuals".

People were supported to take part in activities. On the first day of our inspection visit people were participating in a lively music and movement session. A musical entertainer visited the home once a month. Bingo had been found to be popular with people and as a result this had been increased from one to two morning sessions a week. We observed a bingo session taking place. People engaged with the activity and received appropriate support from staff to ensure their participation and enjoyment. Small prizes were awarded to the winners. The activities organiser told us people who chose to spend most of the time in their rooms would come down to the dining room for the bingo sessions. They confirmed people were supported to return to their rooms afterwards if they wished although some people often chose to stay down for lunch following the activity. One person who spent most of the time in their room confirmed how they enjoyed the bingo sessions. A canal trip on a specially adapted boat was being planned for the end of May. This had proved popular with people in the past. Other activities included flower arranging and a sunflower growing competition. As well as group activities, people were also able to participate in smaller groups or on an individual basis to play board games, card games and dominoes.

There were arrangements to listen to and respond to any concerns or complaints.
A visitor told us if they had a complaint they would "just ring the manager". A mail box was positioned in the entrance hall where complaints, comments and suggestions could be posted although none had been received recently. Information was available about how complaints could be referred to the local authority or the local government ombudsman. However there was no information displayed about the homes own complaints procedure, we discussed this with the manager who agreed to rectify this. Complaints received had been recorded, investigated and an appropriate response given where required. One complaint from a health care professional had resulted in procedures to improve communication between visiting professionals and the management of the home.

Requires Improvement

Is the service well-led?

Our findings

Information about people's needs and the management of risks were not always clearly or consistently recorded. We found inconsistencies in the information recorded for staff to refer to care and support people, particularly relating to the management of risks to people. Although we found an improvement in the recording of weights for people, one person had not had their weight recorded since January 2016 despite an instruction on the weight chart "to be completed monthly or weekly if there are any concerns over weight/eating problems". Two people had been assessed of being at risk in relation to pressure areas. A recognised risk assessment tool had been used but the assessment had not been reviewed since completion. The risk assessments stated the people were at risk and gave the instructions for staff to monitor. However no actions appeared in the persons care plan for staff to follow. Although the manager told us care plans were reviewed monthly, there was no record of this and no evidence of the evaluation of the effectiveness of the care plans.

A number of quality assurance audits were carried out on a regular monthly basis to check aspects of the service such as medicines, staffing, training, management and health and safety. These recorded if the area audited was considered compliant and any action was needed. However the audits were not as effective as they should have been. The quality assurance processes in place had failed to identify the shorfalls found in this report, namely a lack of robust record keeping .

This was a breach of regulation 17of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

Highfield Residential Home did not have a registered manager in post. The previous registered manager left their post in April 2015. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run. Since the last registered manager left their post the home had employed three managers who had all left without being registered. The current manager was in the process of making an application for registration. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The current ratings for the home along with the most recent inspection report were on display.

The manager described improvements to the service since they had been in post. This included rearranging the dining tables to allow people a view of the garden and developing a room for use for hairdressing and chiropody appointments. They reported successful outcomes for people with both of these areas of improvement. In addition redecoration of corridors and individual rooms was in progress. The manager described the current challenges around staffing and in particular dealing with staff absence at short notice.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Staff described the manager as approachable with one staff member stating "you can talk to her about anything". A visitor told us "the manager is always available". One member of staff described the home as "a happy place". Another commented on how smoothly the home was running compared with previously. They told us staff were clear about what had to be done. Another staff member said "given the circumstances she is doing a wonderful job".
Action to be taken to maintain the expected standards was communicated to staff at meetings. Minutes showed, staff had been reminded about confidentiality, completing documentation and team working. Where staff did not follow the expected standards the registered provider had promptly taken action.

Surveys had been sent out to people's relatives to gain their views on the home. The administrator explained the response had been low with only a fifth of the forms sent out returned. However they were hopeful of receiving more. The survey allowed people to give their views on such areas as the environment of the home, politeness of staff, privacy and dignity and whether visitors were welcomed. The responses in the returned survey forms were generally positive.

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 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 11 HSCA RA Regulations 2014 Need for consent Consent was not always sought before providing care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Information about people's needs and the management of risks were not always clearly or consistently recorded.