Care Quality Commission

Elmglade Residential Care Home

Higham House Nursing Home

Inspection report

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Rushden
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Date of inspection visit: 17 and 20 August 2015
Date of publication: 14/09/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Higham House Nursing Home provides accommodation, nursing and personal care for up to 30 older people who may be living with dementia. The home is situated in a residential area of Rushden, Northamptonshire. At the time of our inspection the service was providing support to 24 people, with a range of needs.

The inspection was unannounced and took place on 17 and 20 August 2015.

The service had 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.

We have made a recommendation about improving the premises to make them more user friendly for people living with dementia.

People felt safe at the service. Staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any safeguarding concerns to ensure people's safety and welfare.

Summary of findings

Personalised risk assessments were in place to guide staff and reduce the risk of harm to people, as were risk assessments connected to the general running of the home.

Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences.

People were cared for by sufficient numbers of well trained staff who were recruited into their roles safely. The provider undertook appropriate checks before allowing staff to commence their employment.

Safe and suitable arrangements were in place for the administration, recording and management of medicines.

Staff received on-going training and supervision, which enabled them to provide appropriate care to people.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a choice of nutritious food and their weight was monitored with appropriate referrals made to the dietician when concerns were identified.

Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

People were happy with the care they received from staff within the service.

Staff understood people's privacy and dignity needs.

Staff were able to describe the individual needs of the people in their care. They worked hard to ensure they received their preferences, choices and wellbeing.

Care plans contained detailed information on people's health needs, preferences and personal history.

Relatives were involved in the regular review of people's care needs and were kept informed of any changes to a person's health or well-being.

People were encouraged to raise any concerns they had about the quality of the service they received, complaints were taken seriously and responded to appropriately.

Quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the home and their representatives were sought.

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?

Good

The service was safe.

People felt safe. Staff had received safeguarding training, and were able to raise any concerns they had about people's safety.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service. Staff recruitment procedures and safety checks were in place.

Suitable arrangements were in place for the safe administration and management of medicines.

Is the service effective?

Requires improvement

The service was not always effective.

The premises required some improvements to enable them to be more user friendly for people living with dementia.

Staff were trained and supported by way of supervisions.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a good choice of nutritious food and drink.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

Is the service caring?

Good

The service was caring.

Staff spoke with people in a friendly and kind manner. Staff showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People and their families were given the opportunity to comment on the service provided.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed and amended as their needs changed.

People were supported to follow their interests and hobbies and there was a range of activities available.

Summary of findings

There was an effective complaints policy in place.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

Is the service well-led?

Good

The service was well led.

The registered manager and staff understood their roles and responsibilities to the people who lived at the home.

Staff enjoyed working at the home and supporting the people who lived there.

The provider had systems in place to monitor and improve the quality of the service provided.

Higham House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 20 August 2015 and was unannounced.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people and one relative. We also spoke with the registered manager, one nurse, four carers and a member of kitchen staff.

We looked at seven people's care records to see if they were accurate and reflected their needs. We reviewed four staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. One person said, "Well, I feel perfectly safe here." Another person told us, "The girls keep me safe." A relative told us that they had, "No concerns about safety." People confirmed that if they ever had any issues about safety they would speak with the registered manager.

The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff said, ""I would report anything. These people are like our family and we have a responsibility to them, to keep them safe." Another staff member told us, "If there was a safeguarding issue I would go straight to the nurse in charge or manager." Staff told us that the registered manager would always address any issues they identified and feedback the outcome of any investigations during staff meetings, so they could all learn where practice could be improved.

We found that the provider had procedures in place to protect vulnerable people from harm or abuse and that staff worked in accordance with these processes. Records confirmed that staff had received training in safeguarding vulnerable adults and that this training was kept up to date so that staff knowledge remained current. Records also showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified the Care Quality Commission (CQC) of these.

Staff also knew and understood about the provider's whistleblowing policy. One member of staff said, "We are told about the whistleblowing policy and we know we can use it if we need to but we don't because we can tell the manager anything."

Staff told us that each person had risk management plans in place to promote and protect their safety, both within the service and when appropriate outside. The registered manager and nurse told us that risk assessments were updated on a monthly basis to ensure that the level of risk to people was still appropriate for them. We found that people had risk assessments which identified hazards they may face, for example, in moving and handling, nutrition, falls and skin integrity. Risk assessments also included the identification of triggers for behaviour that had a negative impact on others or put others at risk and steps that staff should take to defuse the situation and keep people safe. The actions that staff should take to reduce the risk of harm to people were included in care plans.

The registered manager had also carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. Accident and incident forms were also completed appropriately and a monthly analysis of these was produced to identify any trends or changes that could be made to reduce the numbers of these. This was used to identify ways in which the risk of harm to people who lived at the home could be reduced.

People told us there was enough staff on duty. One person told us, "There always seem to be a lot of them about." A relative said, "There are enough of them to do what they need to." Staff confirmed that there were enough of them to meet people's needs safely. One staff member said, "Yes, there are enough of us, we don't struggle to get things done." The registered manager told us that the service did not use agency staff as staff worked extra shifts when required, as this offered people greater consistency of care. Records showed that the staff ratio was flexible and reviewed on a regular basis. Our observations confirmed that the number of staff on duty was sufficient to support people safely.

The registered manager told us that staff employed by the service had been through a thorough recruitment process before they started work. This was to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to check that staff were suitable and qualified for the role they were being appointed to. We looked at the recruitment files for four staff that had recently started work at the home. We found that there were robust recruitment procedures in place.

We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. People told us they received their medication when they needed it. One person said, "They always come on time and if I need painkillers

Good

Is the service safe?

they are good at giving them to me." One person had been assessed as requiring their medicines to be administered covertly. This had been agreed with a GP and a best interest decision was formally documented. We observed a medicines round and saw that medicines were administered correctly.

We looked at the Medicines Administration Records (MAR) for six people living at the home and saw that these had been completed correctly and medicines received had been recorded. We checked stocks of medicines held which were in accordance with those recorded. Staff completed a daily audit of the medicines and there were robust processes for auditing medicines administration.

Requires improvement

Is the service effective?

Our findings

The environment was not always supportive for people with dementia care needs. There were no features of interest, different settings or welcoming dining areas and the furnishings were sparse. We observed some soft sponge chairs in communal lounges which made it difficult for people to get out of them. Due to the layout of the service, some of the windows in people's bedrooms and corridors did not provide them with the opportunity to have a nice view; there was nothing inside of the room to provide additional stimulation to compensate for this. We saw two areas of flooring where the joiner between rooms was missing and in one of the communal lounges, the carpet was old and required replacing.

One of the formal dining rooms in the service was small and the layout of the tables and chairs did not allow for people to enjoy a pleasant mealtime experience; they were cramped and close together. Areas throughout the service required attention to make them brighter, paintwork required freshening up to remove stains and areas that had been knocked. Skirting boards were chipped and needed painting. Doors to people's bedrooms appeared institutional. There were no items of interest where people could be tactile and enjoy stimulation from different items. We discussed our findings with the registered manager, who acknowledged that improvements could be made to enhance the environment for people.

We recommend that the service finds out more about the provision of a dementia friendly environment for people, based on current best practice, in relation to the specialist needs of people living with dementia.

People received care from staff that had developed their knowledge and skills by receiving up to date training and development. One person said, "They seemed clued up." Relatives told us that staff had the skills that were required to care for people. One relative told us that staff were, "Very good. They know what to do."

We spoke with a member of staff who told us they had been provided with induction training when they commenced employment. They said that this ensured they were equipped with the necessary skills to carry out their role. They went on to tell us that the induction training was followed by a period of shadowing more experienced staff. This was useful and had benefitted them by enabling them to get to know people and their care needs, before being expected to deliver care independently. The registered manager told us that there was no set period of time for the induction process, it could range from two to four weeks but would be adapted to suit individuals. The registered manager said, "I would rather have someone spend longer and be able to do the job properly, that feel they had to rush and not be confident." Records showed that new staff shadowed more experienced members of staff and received core training as part of their induction process.

Staff had access to a variety of regular training, which they told us was useful in helping them keep up to date. One staff member said, "Things change a lot so it is good that we have up to date information." We were also told, "Yes the training here is good. They support you to do things you are interested in." Staff told us they undertook training, which included first aid, infection control, safeguarding and mental capacity. Nursing staff completed training that enabled them to provide suitable nursing care for people. Records showed that staff were also encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records confirmed that staff had received appropriate training to meet people's assessed needs.

Staff also told us that they received regular supervision and felt supported in their roles. They said that these sessions were useful and allowed them to discuss any training and development needs. Staff were keen to tell us that they did not have to wait for formal supervisions to discuss any issues they had. They all said that they felt very well supported by the registered manager who provided them with formal and informal supervisions. Records detailed that staff supervision was taking place.

People told us that staff gained their consent before providing them with any care and support. Staff told us of ways in which they gained consent from people before providing care. They explained that they used non-verbal methods of communication by using gestures and showing people items to gain consent and give them choices. Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the Mental Capacity Act

Requires improvement

Is the service effective?

2005, and the associated Deprivation of Liberty Safeguards and we saw evidence that these were followed in the delivery of care. We saw that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans. Applications for the deprivation of liberty had been made for some people as they could not leave the service unaccompanied and were under continuous supervision. This made sure that these decisions, which impacted people's rights to liberty, were made within the legal framework to protect people's rights.

People enjoyed the food they were provided with. One person told us, "I enjoyed what I had today, it was very nice." Another person said, "The food is not bad." A relative told us that the kitchen staff had spent time discussing food items that their loved one would like, in an attempt to try and boost their level of nutrition. Staff spoke with us about how they ensured people got food that they liked and we saw that people could have alternative meals if they wished to, being mindful of any specific dietary requirements they might have. We observed people having breakfast and lunch and found that the meal time experience was relaxed. Staff supported and assisted people when required to eat their meal. We also observed people requesting and being provided with snacks throughout the day. Hot and cold drinks were regularly offered and also provided at peoples' request.

People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake. This provided information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietician or GP.

Staff told us they ensured that people attended medical appointments, to ensure that their needs were fully met. Where changes in treatment were required, the nurse we spoke with advised that these would be incorporated into care plans so that the care people received was reflective of their needs. The registered manager told us that the service had a good working relationship with the GP and said that if staff were concerned about a person, they would support them by contacting a GP. Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to the local mental health teams and occupational therapists.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, "They do a good job." Another person told us, "They look after us very well." A relative said, "I cannot fault them, they have been brilliant. They are good at communicating things and make me feel listened to." A comment taken from a compliment in relation to care provided stated, "What greater expression of love and care could there be." People and relatives told us that staff were friendly and kind and showed them compassion.

We found that there was a welcoming atmosphere within the service during our visit. This was as a result of the respectful attitude that staff exhibited towards people when supporting them and visitors when they arrived. Staff took time to greet people and engage with them when they entered the communal areas. We observed one staff member who exhibited patience and compassion and engaged positively with one person. They chatted about the weather and what was happening outside of the service and told the person that they, "Looked lovely and always did." This person appeared content and animated during this interaction, although not very responsive because of their complex needs.

Staff spent time interacting with people and addressed them by their name or their preferred form of address. When communicating with people, they got down to their level and maintained good eye contact. They took time to ensure that people understood what was happening, for example, during hoist transfers or when being given medication. We saw that staff provided people with reassurance by holding their hands, or taking time to interact and acknowledge that they felt frustrated, trying to establish the cause so it could be addressed in a timely manner. Positive and caring relationships were developed with people who used the service.

Staff were knowledgeable about the people they supported; this was evident from the conversations that we had with them where they were able to explain people's backgrounds and life histories. They were aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people's needs were passed on through communication books and handovers, which enabled them to provide a more person centred service.

People and relatives confirmed that they were involved in making decisions about their care. When asked if they had seen their care plan, one person said, "Well I know they write lots about me." People felt involved and supported in planning and making decisions about their care and treatment. One person said, "They ask me what I would like." We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed that people were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day and whether they participated in social activities or not.

People's dignity and privacy was respected. One person said, "Oh yes, they always knock and ask me if they can come in." Staff also said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people's individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required.

We spoke with the registered manager about the availability of advocacy services and found that the home had previously used the services of an advocate for people. We saw that the service had available information on how to access the services of an advocate should this be required.

Good

Is the service responsive?

Our findings

People had their care needs assessed appropriately both before admission to the service and on a regular basis after admission. The registered manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before they were admitted. The registered manager also told us that they provided people and their families with information about the service when they were admitted. The care records arising from this process, gave staff the information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. People and relatives told us they or their family member, received the care they needed to meet their needs.

Staff and the registered manager told us that care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. Care plans were based upon the individual needs and wishes of people who used the service. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed monthly thereafter. Care plans contained detailed information on people's health needs and about their preferences and personal history, including people's interests and things that brought them pleasure. Each care file included individual care plans for: personal hygiene, mobility, communication, health, continence, infection control, pressure care, and nutrition.

People's care and support plans, as well as their regular reviews of care, were signed by the person or their representative. Relatives we spoke with confirmed that they had been involved in these reviews and told us that these meetings gave them an opportunity to give feedback and make any suggestions they may have regarding the care and support provided to their family member.

Our observations showed that staff asked people their individual choices and were responsive to these. Staff told us that when a person was unable to verbally communicate with them they would use visual aids to assist the person in making a decision. We saw staff demonstrate this throughout the day, for example at meals times where people were shown both meal options and staff waited for people to indicate their preference.

People told us there were some activities organised throughout the week. We spoke with the activities co-ordinator who told us that although they were new in post, they intended to spend part of each day talking with people who did not wish to participate in a group activity. They showed us their plans for introducing new activities based upon people's life histories and spoke about a variety of games and events that they wished to introduce. We saw that staff spent time sitting with people, chatting and reading the newspaper when they had the chance.

People and their relatives were aware of the formal complaints procedure in the home, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. People told us the registered manager always listened to their views and addressed any concerns immediately. The registered manager said that they felt they were visible and approachable which meant that small issues could be dealt with immediately; this was why they had a low rate of complaints. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Records confirmed that there had been no formal complaints since our last inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Our observations and discussions with people who lived in the home and relatives showed that they were comfortable around the manager and staff and felt able to approach any of them. One relative said. “The manager is really approachable. She has been great.” People and their family members said they would be happy to go to the registered manager if they had any worries or concerns, and knew they would be listened to and made to feel valued. Staff echoed these sentiments and told us that the registered manager led a good service. One staff member said, “She is fantastic, we are all like one big family and she treats us like her children. That is why I work here, I wouldn’t be anywhere else.”

The registered manager spoke to us about how highly she thought of her staff and felt they did a good job in sometimes difficult circumstances. She said, “We all pull together, we work for the people here but include their relatives as well. When problems happen, we work through them and are honest when we make mistakes.” All the staff we spoke with were committed to their work and felt that they had a good staff team which helped them to provide appropriate care to people.

The registered manager and staff were always available to people who lived at the home. One person said, “She is ok she is. She listens.” The registered manager had a good knowledge of the needs of people, which staff were on duty and their specific skills. They told us that they often worked shifts to enable them to see things from a staff perspective. This meant they had a good appreciation of the issues that staff might encounter and could deal with them in conjunction with staff. We saw that the registered manager was always looking for ways to improve the service, by encouraging people to express their views and by obtaining feedback from relatives and discussing various aspects of the service delivery with staff in meetings.

The service was well organised which enabled staff to respond to people’s needs in a proactive and planned way. One staff member said, “I haven’t worked in a more organised place, we know where things are and things get done.” Throughout our inspection visit we observed staff working as a team, providing care in structured and caring manner. Staff told us that there was positive leadership in place, which encouraged an open culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. Staff had no concerns about how the service was run, and were keen to improve the delivery of care in the future.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An overview of the cause of accidents and incidents was undertaken to identify trends in order to reduce the risk of any further incidents. Relevant issues were discussed at staff meetings and that learning from incidents took place. Records showed regular staff meetings were held for all staff and the minutes showed the registered manager openly discussed issues and concerns.

The registered manager told us that they wanted to provide good quality care and were keen to work to improve the dementia care provision offered. It was evident they were continually working to improve the service provided and to ensure that the people were content with the care they received.

People who used the service and their relatives had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed generally positive responses. We were told that the results would be analysed to identify any possible improvements that could be made to the service. People were positive about the service they received.

We saw a variety of audits were carried out on areas which included health and safety, infection control, and medication. Although there were no audit checks in place in respect of the laundry system, this was something that the registered manager was going to consider in the future. Where areas for improvement were required we saw that action plans would be formulated. There were systems in place to monitor the quality of the care provided and areas identified for improvement were recorded. This meant the service continued to review matters in order to improve the quality of service being provided.