

Ms K A Rogers

Highwell House Care Home with Nursing

Inspection report

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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



Overall summary

This inspection was carried out on 14 May 2015 and was unannounced.

Highwell House provides accommodation, nursing and personal care for up to 34 people. The service also provides up to four beds for use by the NHS as a step

down facility for people leaving hospital to rehabilitate prior to returning home. This is a project with the local NHS clinical commissioning group. At the time of our inspection there were 27 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

When we last inspected the service on 25 February 2013 we found them to be meeting the requirements of the regulations we assessed them against.

People living at the home and their relatives were positive about the home, the manager and the staff.

People's needs were met in a kind and caring way by staff. Staff were knowledgeable about people's needs and the care provided was good.

People received support when they needed it. People told us that they were able to pursue their own hobbies and interests, and if they needed help with anything staff were quick to respond.

People's human rights were protected. The registered manager sought people's consent around all aspects of care and treatment.

People had choice of fresh nutritious food, and where recommendations had been made by other professionals

regarding their diet or health needs these had been acted upon. People told us that they felt their health needs were met, and some people told us about how their health had actually improved since living at the home.

People told us they found the staff and management approachable, willing to listen to their views and opinions. They said that if they had any concerns they were able to speak with the registered manager.

People's care records were clear and identified any risks and actions taken to reduce the risk and were regularly reviewed to ensure they continued to accurately reflect their needs. People had their medicines managed safely and people received their medicines in line with their prescription.

The registered manager showed a commitment to achieving the best for the people that lived there. A range of quality audits were completed regularly to ensure that good standards were maintained. Feedback from the people that lived there and their relatives were sought on a regular basis and any areas identified for action were acted upon.

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?

The service was safe.

People were kept safe and free from harm because staff knew how to support them and report any allegations of abuse. People were involved in managing the risks around their care and treatment which included medicines management.

Good



Is the service effective?

The service was effective.

People received the support from staff they needed to make decisions about their care and treatment. Staff were provided with training that built on their skills and enabled them to provide effective and good quality care to the people they supported.

Good



Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. Staff supported people to be involved in all aspects of their care. People needs were met in a caring way that respected people's individuality.

Good



Is the service responsive?

The service was responsive.

People were able to maintain their hobbies and interests and to make choices in their care and what they wanted to do on a day to day basis. The care that people received reflected their individual needs. People and their relatives were confident that they could raise any concerns and that they would be dealt with quickly and appropriately.

Good



Is the service well-led?

The service was well led.

The registered manager had a clear vision to provide care that was high quality and constantly striving for improvement. Staff shared this vision and were motivated and felt empowered to influence change. The registered manager was able to monitor the quality of the service by a variety of methods including audits and feedback from people that lived at Highwell and their families.

Good



Highwell House Care Home with Nursing

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 unannounced visit took place on 14 May 2015 and was carried out by two inspectors.

Before our visit we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the visit we spoke with 10 people who lived at the service, six relatives and visitors, six members of staff and the registered manager. We also received feedback from health and social care professionals. We looked at the care people received by observing the care being given, talking with people and staff and also looking at some people's care records.

We used 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 due to complex health needs.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, “The needs and the safety of the people here always come first. Every day they (staff) check you are ok.” People said that they felt comfortable enough to speak with staff if they had any worries about their or someone else’s safety.

Staff were able to tell us how to protect people from any potential abuse. They all said they would be supported by the registered manager who in turn would take swift action if a concern about someone’s safety was raised. They were also able to tell us how they would report concerns externally to the CQC and local authority. All staff we spoke with were able to tell us about the safeguarding and whistleblowing policies for the service.

We saw that any risks for people were identified, assessed and care delivered to maximise people’s potential. We looked at the care of two people who had upon moving to the service a number of different complex health issues. They now had shown significant signs of improvement. One of these people told us, “The doctor said I would not walk again, but here I am now able to walk with these sticks. It is entirely down to the hard work of the staff here.” The person told us that they had been involved in planning their care and recovery. Their care records showed that they had been involved in meetings that discussed risks and allowed for them to make choices about their recovery.

People told us that although the staff were busy, they always made time to talk. One person said, “If I need them (staff) I just have to ask and they come straight away, even if it’s just for help with something.” Throughout the inspection, if a call bell sounded it was always responded to quickly. We asked people about the support they got at night and they all told us that they felt that help was available should they need it. One member of staff told us, “When you need an extra pair of hands there is always someone to help, even the manager will come and help out if needed.” The registered manager told us that there often were staff willing to cover any sickness or holidays at short notice and that use of agency staff was kept to a minimum.

People received their medicines safely, when they needed them. We saw medicines were stored safely and accurate records of medicines given were maintained. Staff had patience and time with people so that they did not feel rushed when taking their medicines, and only when the medicines been swallowed was the medicine record completed. The people that we spoke with all said that they had the correct amount of support with taking their medicines. We observed that the nurse took time to explain to the person about their medicines and gave the correct amount of support to ensure medicines were taken safely, but also recognised the person’s independence.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. The registered manager told us about a new role they had developed which was a team leader role. Staff in this role were accessing more advanced training around clinical skills so that they could support the nurses in meeting people's complex health needs. We spoke with people, a nurse and a team leader role and asked what impact this had on meeting people's needs. They told us that it was a positive step and enhanced the care for people. Staff also told us that they completed induction training when they started which covered areas important to their roles such as safeguarding training and moving and handling training.

We observed staff seeking people's agreement before supporting them and waiting for a response before acting on their wishes. Staff took time to explain and made sure that people had understood the questions asked of them. One person said, "You are always asked and given choice, you are never told what to do." We saw that people were able to move freely around the home and choose to do what they wanted to do. For example, some people chose to join a group of people that were preparing items for a summer fayre, whilst some other people chose to read and another group of people were having drinks and chatting to each other.

Staff were able to tell us about consent and what needed to be done if consent could not be gained. One staff member said, "You can't make someone do something they don't want to. Here we take our time, explain and respect their decision." We asked them about when people

had been assessed as lacking mental capacity. Staff were able to tell us about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. At the time of inspection there was nobody who had been assessed as having their liberty restricted, but the registered manager was able to demonstrate to us situations where mental capacity assessments had been completed and Deprivation of Liberty Safeguards (DoLS) applications had been made.

People told us that they were happy with the treatment they received. One person said, "I have never felt better. They (staff) are quick to get the doctor to see me if I am unwell." We spoke with a doctor who regularly visited the home and they told us that the service always refers people to them immediately there is a concern. The doctor went on to say that any guidance given is always followed accurately.

People told us that they enjoyed the choices of food on offer. One person said, "If you don't like or feel like what food is being served you only just have to ask and they will make you something else". We saw that when people required additional support with their meal staff assisted in a kind and dignified manner, and staff were patient and went at the person's own pace. People had access to drinks throughout the day. We observed that staff ensured that people in their rooms were given the same access to food and drink that people in other areas had.

One person told us about how they had seen a physiotherapist. We found that people had accessed the diabetic nurse, dentists and opticians when needed. One relative said, "The staff work as part of a bigger team. We feel that do a lot to involve other professionals to get the best possible result."

Is the service caring?

Our findings

One person said, “The kindness of the staff is super.” Another person told us, “They (staff) are so caring, it’s just like being in a family.” People were treated with kindness and compassion. One person wanted assistance to go to their room, a member of staff took time to talk with the person to check that everything was alright. They then supported them to their room.

Throughout our visit there was a calm atmosphere and people were relaxed with the staff. We saw people having a laugh and a joke with staff and conversations flowed in a natural way.

We saw that the way staff spoke with people was with dignity and respect. Staff made sure that they were at eye level with the person so they did not look intimidating by standing over them. One person said, “They treat you with good old fashioned values of respect.” A staff member said, “We have to make sure people feel respected and not treated anything less than you would want yourself.”

People were assisted as soon as they requested support, for example, when they wished to use the toilet. Staff ensured this was done in a way that promoted their dignity by speaking discreetly to people. There was a dignity champion who was a member of staff who had additional training around providing dignity in care. This person was not in work the day of our visit but we spoke with people that used the service and they all felt that staff cared for them in a way that respected their dignity. The registered manager told us that the dignity champion delivered training and support to all staff and kept up to date with current guidance on promoting dignity. Staff we spoke with confirmed this.

People told us that staff always took the time to make sure that people could understand what was being said. Throughout our visit we observed staff using a variety of different ways of communication. We saw that some people needed additional gestures and prompts, whilst other people needed things repeating and to be given time to think about what was being asked. We saw that staff always maintained eye contact and gave people the time to make their own decisions.

Is the service responsive?

Our findings

People told us that they were involved in planning and reviewing their care. One person said, “They fully involve me in my medicines and reviews.” A relative said, “You only have to look at the assessments and care plans to see that as a family, including mum herself we have been involved in her care throughout.” The care records showed us that people had been involved in every stage of their care from the initial assessments and planning to the regular reviews of their care needs. One member of staff talked about people being involved in, “every stage of their care journey.”

People told us that they felt that the care they received was centred around their individual needs. One person said, “I have improved since being here and they have changed how they care for me. They support me to be a little more independent now. I think the care is just right.” Care records showed where care reviews had influenced change in people’s plans of care.

People told us that they were able to maintain their hobbies and interests. We saw one person was making some clothing alterations, they told us, “I have been sewing since I was young. I find it relaxing and rewarding. Staff know this and they always help get the things I need.” Another person was reading a novel. Other people were

helping with preparations for an upcoming summer fayre. Staff told us that they want people’s experiences to be personal and individual to them. One member of staff said, “There are always things going on that people can join in on, today it is getting ready for our summer fayre. However if people don’t want to do that we spend time to see what they want to do. It’s their choice.” We observed that staff spent time with people making sure that people were comfortable and happy with what they were doing.

We noticed a number of people wearing headphones. The registered manager said that digital music players were purchased for people so that they could have their own personal music collection to listen to when they wanted. The people we spoke with were very positive about this and told us that they could ask for any sort of music and staff would put this onto their music device.

We asked people if they felt they were involved in how the service was run. They told us that they did feel involved as there were monthly residents meetings where they could put any ideas or concerns to the manager. They said that this gave them a voice in the care they received. One relative said that although they had never needed to complain they were sure that they would be listened to. We could see where complaints had been recorded and where action had been taken to resolve them.

Is the service well-led?

Our findings

The registered manager had a clear vision to provide care that was high quality and constantly striving for improvement. Staff shared this vision and were motivated and felt empowered to influence change. Staff told us that they felt fully supported by the manager and that management was always open to ideas and projects. For example the service had a 'Wellness facilitator.' We asked people what this actually meant and they told us that this person got to know people's likes and dislikes and supported them with their hobbies and interests. We spoke with this person and they told us that they were able to access additional resources and materials for people's hobbies to improve people's experiences in the home. They told us that there was an emphasis on providing a quality service from all managers and staff.

The registered manager was able to have oversight of how the service was performing through a range of quality assurance systems. We saw where audits of monitoring charts had led to improvements in the documentation in people's records to allow for more accurate monitoring. The registered manager explained the changes that had been made. They said that to improve consistency of monitoring and to also ensure information was readily available all monitoring charts were now kept in one plan

for the individual person. We looked at this and found information to be concise and linked to the plans of care. Also feedback was regularly sought from relatives and the people that lived there. One relative said, "Well there is a questionnaire that sometimes goes out, but to be honest we meet with the manager regularly anyway." The registered manager when talking with us placed a big emphasis on people's experiences being the measure of success in the service.

The registered manager was supported by a wider management structure that consisted of a training manager, quality manager, premises manager and a business manager. This demonstrated that there were good management support systems.

People we spoke with were positive about the management culture. They all said that they felt they could approach the manager for anything and she was always around taking time to talk with people. One person when talking about how visible the manager is around the home said, "I have never seen a manager get so involved." People told us that if they needed assistance with anything and the manager was in the area, the manager would help. One person described the way the home was managed as, "Very hands on." The registered manager told us that they, "liked to keep a hand in to understand people's individual needs."