

Bedford Borough Council Highfield

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 ●

Summary of findings

Overall summary

Highfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Highfield provides accommodation and support for people who have various physical and neurological conditions, including dementia. The home is situated in a residential area of Bedford and is registered to accommodate up to 34 people.

We previously inspected the provider in January 2017 and February 2017 and rated them as requires improvement overall due to concerns in the areas of Safe, Caring and Well-led. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good. At this inspection we found the provider had made improvements in these areas.

The home 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure that people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed regularly and they had care plans in place that took account of their individual needs, preferences, and choices. Staff had regular supervisions and they had been trained to meet people's individual needs effectively.

The requirements of the Mental Capacity Act 2005 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.

People were supported by caring, friendly and respectful staff. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing.

Staff regularly reviewed the care provided and were guided through regular input by the person receiving care to ensure the care provided continued to meet their individual needs, in a person centred way.

The provider had an effective system to handle complaints and concerns.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service.

Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below.

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.

The provider had ensured proper and safe use of medicines.

There were systems, processes and practices in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were protected against the spread of potential infection.

When errors were made by the provider or staff, these were acted on and lessons learned and improvements were made.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation and standards.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff work together to deliver effective care, support and Treatment.

People were supported to live healthier lives and had access to healthcare services and on-going healthcare support.

People's needs were met by the adaptation, design and decoration of the premises.

Consent to care and treatment was always sought in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

The service ensured that people are treated with kindness, respect and compassion, and that they are given emotional support when needed.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good ●

The service was Well-led.

There was a consistent approach to record keeping.

There was a clear vision and credible strategy in place to deliver high quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people using the service.

The governance framework ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed.

The people who used the service, the public and staff were engaged and involved in the service.

The service continuously learnt improved and ensured sustainability.

The service worked in partnership with other agencies.

Highfield

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

This comprehensive inspection took place on 23 March 2018 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information we had received from the local authority.

During the inspection we spoke with 11 people who used the service and three visiting relatives. We spoke with the registered manager and four support staff. We looked at the care records of four people using the service and the recruitment and training records for two staff employed by the service. We reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

At our last inspection we rated the home as requires improvement for safe. This was because the cleanliness of the service had not been maintained to a sufficient standard. At this inspection we found that this was no longer a concern.

People were now supported in a way that ensured they were protected from risks of acquired infections. We observed throughout the day that domestic staff were available to maintain the cleanliness of the home. Staff also complied with infection control policies and there was regular cleaning carried out which ensured people's rooms, bathrooms and communal areas were cleaned regularly. The manager told us that since the last inspection the provider had ensured that there was enough domestic staff available to ensure the home was kept clean.

People felt safe living in the home. One person said, "Living here, I am safe." A second person said, "I just do feel safe, staff will help me if I get into difficulty."

The provider had effective systems in place to safeguard people from harm. Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely and the staff we spoke with were able to demonstrate good understanding of local reporting procedures and the provider's safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents. Staff were also monitoring people in order to identify concerns early on.

Risks to people were assessed and their safety was monitored and managed to keep them safe within the home and out in the community. Staff respected people's freedom and supported them to lead an active life. For example, where people were known to exhibit aggression, behaviour management plans were in place and risk assessments outlined actions staff needed to take to keep the person safe from harm.

There were sufficient numbers of staff to support people safely. We saw throughout the day that staff were at hand to support people quickly and all worked together for the good of the people they were supporting. All the people we spoke with confirmed that there was sufficient staff available at all times.

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. We saw that regular medicines audits were undertaken and staff competency was also assessed. Staff also confirmed that they had received training and were regularly assessed on their competency to administer the medicines safely.

We were able to see how the provider had learnt from incidents and put effective systems in place to reduce the risk of them happening again. Staff were quick at responding to incidents within the home and followed processes to ensure people were kept safe. We saw that the regional manager worked with the registered managers for multiple services to share lessons learnt and introduced better ways of working. They said,

"We work across the company to share information and learn from each other."

Is the service effective?

Our findings

During our previous inspection we had rated this area as 'good'. At this inspection we found the care provided continued to be effective and the rating is still 'good'.

People told us that their care needs were met by the service. They had assessments of their care and support needs carried out prior to them moving to the service to ensure that their needs could be appropriately met by staff. Personalised care plans took into account people's needs, choices, views and preferences. People told us they had been involved in planning their care and support and they regularly spoke with staff to review if these were still relevant to their needs. One relative said, "[Staff] seem to know what [relative] wants and they review [care] with me and [relative]."

We observed that staff demonstrated the skills, knowledge and experience to deliver effective care and support. People we spoke with said that the staff were well trained and supported them in accordance with their assessed needs. Staff felt that the training equipped them to support people in an effective manner. The provider had a thorough training programme in place which staff told us was effective in preparing them for their roles. One member of staff said, "We get a lot of training and it prepares us for the job."

Where required people were supported with their meals. We saw throughout the day that people had access to fluids and snacks were available. Food was prepared fresh in the home's kitchen and we saw that pictorial menu options were placed within the dining room to aid people in their choices. One person said, "The food is good, Sunday dinner is lovely, not as good as my wife's though." While a second person said, "I love the food here." A third person told us about their food allergies, they said, "I can't have sugar but I can eat dark chocolate, I don't know why, but staff are careful."

People were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. One person said, "I get to see health professionals when I need to." While a relative said, "They will call the doctor if [relative] isn't feeling well." We also saw within people's care notes that doctor's visits were recorded and staff were made aware of changes to people's care.

The home had been adapted to support people's needs. We saw that the communal areas were easy for people to independently move around and equipment was available to support them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We observed throughout the day staff obtaining consent from people.

Is the service caring?

Our findings

At our last inspection we rated this area as 'requires improvement' because people were not always treated with dignity and respect. During this inspection we found that this was no longer an area of concern.

People's privacy and dignity was respected. People had their own rooms and staff would gain consent before entering. Where staff supported people with personal care they would respect their privacy and dignity. One person with a visual impairment said, "Staff do talk to me the whole time they are helping, so I am not startled by them. I know everything they are doing."

People were treated with kindness, respect and compassion by the staff and the service. One person told us, "The main staff are very good, they do care about me." While a second person said, "I do most things myself, but they help me with personal care and bathing, they are very gentle and kind." A third person said, "Oh yes they are very good and kind."

The provider and staff listened to people and provided them with support in a way that made them feel that they mattered. People told us that staff would listen to them and talk to them about their emotional needs. We observed throughout the day that the people using the service and staff had a special bond. Staff knew the people they were supporting, laughed with them and joked with them. Especially within the communal dining areas where it was clear to see friendships had formed and people were enjoying each other's company.

The service supported people to express their views and be actively involved in making decisions about their care and support through monthly keyworker meetings which gave them an opportunity to discuss any changes they wanted or just to have a catch up with the keyworker in a formal basis. One member of staff said, "We work closely with people and their families, it's important for them to have a choice."

Staff encouraged people to maintain their independence as much as possible, and would only provide support when it was necessary. We observed throughout the day that people moved freely around the home and where support was required staff would assist. We observed staff supporting people to walk short distances in order to maintain their independence. We observed throughout the day that relatives and friends were welcomed into the home. One visiting friend said, "I can come whenever I want, I come quiet often and they are always welcoming." We also saw that people within the home had developed relationships and we saw that when people came down for lunch they would sit in their friendship groups.

Is the service responsive?

Our findings

During our previous inspection we had rated this area as 'good'. At this inspection we found the care provided continued to be responsive and the rating is still 'good'.

The registered manager, provider and staff worked with people and their families and were responsive to changes in their support and care needs and this was evidenced throughout the inspection. Staff knew people well and relatives we spoke with also confirmed this. One relative said, "[Staff] seem to be aware of [relatives] preference, they know what they are doing."

Staff demonstrated throughout the inspection that they had clear knowledge of the people they were caring for and knew them well. We observed interactions between staff and people using the service further evidenced this. We observed that while staff were carryout the medicine round they went to a person who was having their breakfast. The member of staff told us, "[Person] will take [first tablet] now but won't take [next tablet] until they have finished their toast so I will to wait till she has finished." We saw that this was the person's preferred way of taking their medicines in the morning and staff respected this.

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs, and keyworkers had been assigned to each person. We saw that regular updates were made and relatives and people were kept informed of any changes in care plans through regular review meetings which had been documented.

People told us they were supported to pursue their hobbies and interests. We observed on the day of our inspection that activities were organised. People told us that activities would be carried out on most days and were able to tell us what activities had been organised. We saw that people participated in the activity which was singing and the staff involved all people and encouraged them to move their arms and legs where it was possible. One person said, "I will go to the quiz, I think there is one later today so I will go to that. They are singing at the moment." Another person told us, "I am going to go to the quiz later [Staff] know I like to go." We saw that other people chose to read the paper with one person telling us that they had the paper delivered daily to them.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. This ensured people's concerns and complaints were listened to and responded to, and feedback received was used to improve the quality of care and support people received. People felt comfortable in raising complaints with staff or the provider. One person said, "I have made a complaint to the manager, and she has acted on it, things are better now." Another person said, "If I wanted to complain I would press the call bell and tell whoever came that I wanted to speak to the manager."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that medication was available as and when required to support them with their pain and regular reviews were carried out with their doctors to assist with their comfort. Staff had received training on end of life care. The home had ensured that peoples end of life plans reflected their preferences and choices and these were

kept under review. DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) were completed and reviewed by the person and their doctor.

Is the service well-led?

Our findings

At our previous inspection this area was rated as 'requires improvement' because there were not always effective systems in place for the management of the service. We found that some quality assurance systems at the service had not been carried out in such a way as to ensure that care was being provided to a high standard. At this inspection, we found that this was no longer an area of concern.

The provider had effective systems to assess and monitor the quality of the service. The registered manager completed regular audits and took appropriate action to rectify any shortfalls in a timely way. The registered manager worked with people and staff to ensure the service was improving and working to meet people's needs.

The registered manager was able to demonstrate to us the provider's vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service.

People we spoke with indicated that they had had appropriate opportunities to provide feedback to the service and the manager through their keyworkers, and because the registered manager was always available and had an open door policy. People felt empowered because the provider and staff worked with them to ensure their daily lives reflected their choices on how they wanted to live.

This showed that the environment within the home was both inclusive and empowering which in turn, provided people with positive outcomes which meant that they were able to lead relatively active and independent lives.

The registered manager and staff had understood their responsibility to report to us any issues they were required to notify us of. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed. Staff understood their responsibilities and were able to talk to us about risks and incidents that would need to be reported. Staff performance was monitored and frameworks were in place to ensure each member of staff was aware of their duty of care towards the people they supported.

People who used the service were involved in the improvements made within the service through regular meetings. Some people we spoke with said, that they attended all the residents meetings and at the meetings they were kept up to date with what was happening at the home. They also told us that they would make suggestions about the service and the manager would act on them and if she couldn't, she would explain why. Staff felt valued and enabled to contribute to the development of the service through monthly team meetings and we saw that the team worked closely to ensure the best possible outcomes for the people they supported.

The service worked in partnership with other agencies such as the local authority, local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of the people they were

supporting.