Mrs Denise Moss

Highfield House Nursing Home

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

The inspection was unannounced and took place on 27 May 2015.

The last inspection took place on 16 October 2014 as a follow up to a previous inspection when it was identified that the registered person had not responded appropriately to allegations of abuse. During that inspection we found that the issues had been addressed and this was confirmed by the local authority safeguarding unit.

Highfield House is a detached stone built property providing nursing care for up to 13 people. It is situated within one mile of Macclesfield town centre and is on a main bus route. It is a small, family run business and the

Summary of findings

proprietors live on site. The accommodation comprises one lounge, one dining room, one single bedroom and six double bedrooms. There is access to a large garden to the rear of the property.

There were 12 people using the service at the time of our inspection.

The service has a registered manager who has been managing the home since it opened over twenty five years ago. 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.

Improvements to the fabrics and furnishings would enhance people's living environment. Some items of furniture in people's bedrooms and decoration in parts of the premises were old and worn.

Assessments were carried out to establish people's needs and care plans were developed for people based on the information gained. People's preferences and choices about how they wished their care and support to be provided were included in their care plans. Regular care plan reviews took place to ensure people's needs were consistently met. Reviews involved people who used the service and other relevant people such as family members and health and social care professionals.

Processes for the recruitment of staff were safe and thorough to help ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff. Staff were available when people needed them and people told us that they liked the staff and they were kind and caring.

People's health needs were met by qualified nursing staff and other healthcare services when required. Medication was managed safely and people received their medication at the right time.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in these areas and to ensure decisions were made in people's best interests.

Staff received ongoing training, supervision and support to enable them to provide suitable care for the people who used the service.

Staff told us that the registered manager and deputy were very approachable and supportive. The quality of the services provided was regularly checked and improvements made as and when required.

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.

Good

People felt safe and well supported by staff. Staff knew how to respond to any concerns about people's safety. We found that appropriate safeguarding procedures were in place and staff members understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?
The service was effective.

Good

Some areas of the fabrics and furnishings in the home would benefit from improvements to enhance peoples living environment.

We asked staff members about training and they all confirmed that they received regular training throughout the year. They also said that their training was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?
The service was caring.

Good

Staff understood what mattered to people and responded to their personal needs and preferences.

People were treated with kindness and were listened to.

People's privacy and dignity were respected.

Is the service responsive?
The service was responsive.

Good

People received care and support when it was needed.

There was a complaints procedure to enable people to raise any concerns they had about the staff or services provided.

Is the service well-led?
The service was well-led.

Good

The service had a manager who was registered with CQC. People had confidence in how the service was managed.

There were clear lines of accountability at the service.

Checks on the services provided were carried out and improvements made as and when required.

Highfield 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 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.

We carried out an unannounced inspection on the 27 May 2015. The inspection was carried out by one Adult Social Care inspector.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Highfield House Nursing Home. We used this information to help to plan our inspection.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with eight people living there, two family members, one visiting friend and five staff members including the registered manager. Most of the people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the home as well as checking records. We looked at a total of four care plans. We looked at other documents including policies and procedures and audit materials.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure in Highfield House. Relatives said they had no concerns about the safety and security of the building. They also said that staff were always around to keep people safe and look after their needs. Comments included "I am fine here. I did not feel safe when I lived on my own but staff are always on hand to keep me safe here" and "I feel very happy that she [relative] is here. What a difference it has made. We now can sleep at night knowing she is safe".

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission (CQC). Homes such as Highfield House are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that there had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

We saw that risk assessments were in place for all the people who lived in the home. Risks people faced were identified and managed. This included risks associated with the environment and risks associated with people's care and support. We saw that care plans detailed potential risk and showed that a risk assessment had been carried out to establish the extent of the risk and the measures which needed to be put in place to safely manage the risk. We saw that risk management plans were in place for risks such as skin integrity, use of bedrails, shared bedroom accommodation and falls.

We looked at the files for the two most recently appointed staff members to check that effective recruitment procedures had been completed. We saw that appropriate checks had been made to help ensure that new staff were suitable to work with vulnerable adults. Staff confirmed that they had completed an application form, attended interview and were subject to a number of checks, prior to starting work at the service. Records showed that checks had been completed by the Disclosure and Barring Service (DBS). This organisation aims to help employers make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups. References from previous employers were also held on file.We could see that the provider had taken appropriate steps to ensure that there were safe recruitment procedures in place and that people who were not suitable to work with vulnerable adults were not employed within the service.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home. On the day of our visit there was a registered nurse and three care staff members on duty between 8am and 2pm. From 2pm until 8pm there was one registered nurse and one care staff member on duty. During the night there was one registered nurse and one care staff member on duty. The registered manager lived on the premises and was in addition to these numbers. She told us that she was on duty during the day and on call at all times if the need arose. We looked at the rota and could see that this was the usual number of staff deployed each day.

In addition to the above there were separate ancillary staff including a domestic worker and two people working in the kitchen.

We saw that the service was clean, hygienic and odour free. The registered provider had an infection prevention and control policy and procedure and related guidance was accessible to staff. We saw records which demonstrated that a range of audits had been carried out in areas such as cleanliness of the environment and equipment and management of waste.

Good

Is the service safe?

People told us that they had received their medication on time. One person told us that they could tell the time when their medication was given as it was always given at the same time each day. Medication records were clear and we saw that information about each medication, including any possible side effects, was recorded on file. The medication records also held details of how and when medication was to be administered. All medication was stored securely within the home. We saw that a hand written medication sheet had been provided for a person who lived in Highfield House, on their discharge from hospital. We noted that staff of the home had checked this with the hospital and the person's GP to ensure that the hand written information was correct. This ensured that any changes in medication were properly checked in order to maintain people's safety.

The effectiveness of medicines was appropriately monitored. Documentation showed that epileptic seizures were monitored and in one case, this had led to a review of medication. Similarly, blood monitoring tests were carried out for those people with diabetes or who were prescribed warfarin.

Good

Is the service effective?

Our findings

People told us that they were happy in the home and were looked after by 'staff who knew what they were doing'. One person said that staff were able to provide the care and support to "make me feel better". Other comments included "Lovely place" and "They [staff] treat us well".

Staff told us that they were provided with good quality training and support which gave them confidence in their abilities to provide effective care. Training records showed that staff training was an ongoing process and all staff were encouraged and supported to maximise their knowledge and skills. We saw records which showed that an external training company visited the home weekly to assess and assist care staff to develop their skills.

We saw that the provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We looked at the induction record used for two newly appointed staff members and could see that it was based upon the Skills for Care Common Induction Standards, a nationally recognised and accredited system for inducting new care staff. In addition to the above, new staff members completed an 'in house' induction that provided basic information such as the location of fire exits and the procedures to follow if there was an incident. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own. We noted that a newly appointed staff member was shadowing an experienced staff member during our visit. They told us that this enabled them to get to know the people who lived in the home and enabled them to gain confidence in their own ability before they worked unsupervised.

We checked records which confirmed that supervision sessions for each member of staff had been held regularly since the previous inspection visit had taken place. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs. Staff told us that supervision enabled them to discuss any issues or areas of concern. One staff member said "We are well managed and supported, that is why staff stay here. We have a good staff team who have been here for ages".

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

We saw that the registered manager had a good understanding of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. They knew their responsibilities included ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. We saw that an application for a Deprivation of Liberty authorisation had been made for three people who used the service and noted that the relevant documentation was in place.

We saw that care plans held details of obtaining consent from people for all aspects of their care such as wound care, medication management, personal care and health care. Records showed that people living in the home or their representative had signed a consent form to confirm their agreement for any care or treatment to be carried out. We saw that care staff asked people for their permission before they carried out any care or support. Staff also advised people how the support would be provided such as 'I will assist you to walk to toilet, I will get your wheelchair and take you to the dining room'.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with people's consent a number of bedrooms. Some people who used the service were living with dementia. We found that the environment provided little stimulation to support people living with dementia. For example, bedroom doors did not have photographs or pictures attached. A familiar photograph or picture may assist people to identify their bedroom more easily. Parts of the environment, especially the bedroom areas, were shabby and would benefit from redecoration or refurbishment. The registered manager told us that some redecoration had taken place and redecoration was an ongoing process in the home. However people who lived at Highfield House and their relatives told us that they were happy with the décor and the homely atmosphere provided.

Good

Is the service effective?

There was a flexible menu in place which provided a good variety of food to the people using the service. The cook we spoke with explained that the menu was discussed with the people living in the home all of the time and was based on what people wanted to eat. We saw the cook speaking with the people who lived in the home and discussing the daily menu with them. Choices were available and people could decide what they wanted at every mealtime. Special diets such as gluten free and diabetic meals were provided if needed. The cook explained that they met with anyone moving in to the home to discuss likes and dislikes and allergies and any specific dietary needs. Staff understood people's dietary preferences and people's dietary needs were assessed so people were offered a suitable diet. This information was held in the kitchen and the kitchen staff were able to explain how they accommodated people's specific requests or requirements. For example, some people had been assessed as requiring food of a particular consistency because they were at risk of choking, and others chose soft food as it was their preference. The speech and language therapist had been involved in reviewing some people's swallowing actions, and where necessary people received thickened liquids to reduce the risk of choking. People told us that the food was 'wholesome, tasty and good'.

We saw that some of the people who lived at Highfield House required assistance to eat their meals. We noted that staff provided discreet assistance wherever it was needed such as cutting up food or giving encouragement to people to finish their meals.

We saw that the staff members monitored people's weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. This area was also monitored through the home's on-going auditing systems.

We saw that staff offered people drinks throughout our visit and that they were alert to individual people's preferences and choices in this respect.

Visits by other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

The manager had set up robust systems specifically to protect people from pressure ulcers. Staff followed clear guidance when monitoring people's skin, and if people's skin deteriorated procedures were in place to photograph and treat the area. We saw that people were encouraged and supported to change their position regularly to promote healing and where necessary were provided with special cushions and mattresses.

Good

Is the service caring?

Our findings

People told us that they were happy and well cared for. Comments included "They [the staff] are kind and caring", "I came here because I was dying and did not want to be alone. I have got a lot better since I have been here thanks to the care and kindness shown to me", "It is like living within an extended family", "The staff are wonderful they care for my relative so well. I cannot thank them enough for their kindness and caring attitude" and "We looked at other places that were a lot grander than this place. However we found that the caring atmosphere was second to none. That is why we choose Highfield House".

We saw that the staff acted in caring and respectful ways. They showed that they knew people well, for example by knowing what music people liked or the books they liked to read. Staff knew what people had done earlier in their lives and brought these facts into the conversation as they talked with people. One person told us that they liked their bedroom door to be open, and we saw that this was respected. Staff referred to people by the name of their choice and engaged with them well.

We saw that staff supported people in a calm manner especially when people were confused about a location within the home. For example when people were confused as to where they were staff were able to explain their surroundings, give reassurance and enable people to settle. We noted that staff were kind, caring and patient in their approach and had a good rapport with people. They gave people plenty of time to communicate their needs. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what people were saying.

We undertook a SOFI observation in the lounge and saw that people were being supported appropriately and that staff members were moving around the room attending to people's needs, offering drinks and general conversation.

We asked people if they liked the staff and if they were always treated properly. They told us that they did like the staff and that they would say if this was not the case.

Care plans detailed people's preferences and held information about their past. The care plans held information which showed that people and their relatives had been involved in making decisions about their care.

This information had enabled staff to get to know the person and understand their wishes. For example, not wanting to be left alone, not wanting to be spoken with and wishing to eat alone. The care plans also held details of the wishes of the person in respect of end of life care.

People were supported to do tasks for themselves if this was what they wished, such as personal care. We saw that one care plan stated that a person wished to carry out their own personal care, however they sometimes got confused as to the process involved. The care plan detailed that staff needed to support and encourage the person rather than doing the task for them. This helped people to retain their daily living skills.

Staff told us that people's relatives or friends acted as lay advocates if required. Records showed that other advocacy services could be accessed such as solicitors who could represent the views and wishes of people who were not able to express their wishes themselves.

We saw that screens were provided in the six shared bedrooms in order to respect people's dignity. Staff told us that the screens were always used when any personal or nursing care was carried out. Staff told us that they always knocked on people's doors and announced themselves before entering.

Visitors told us that they were welcomed into the home at any reasonable time and were able to spend time with family or friends in their own rooms or in the communal area of the home. We saw visitors coming and going from the home throughout the visit. We noted that they were welcomed into the home, addressed by their names and appeared to be very much at ease within the premises.

People were provided with up to date information about the service. The registered provider had an up to date statement of purpose which was made available to people. It described the aims and objectives of the service, services and facilities available, the type of care provided and contact details of the registered provider. This meant that people had access to information about the service they received.

We saw that all documentation was stored securely within the registered manager's office which meant that people could be sure that information about them was kept confidential.

Good

Is the service responsive?

Our findings

People told us that staff provided care and support that was responsive to need. Comments included “Staff provide me with care that suits me” and “I am treated as an individual and that is what I am”.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person’s family, social worker or other professionals, who may be involved, to add to the assessment.. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. The plans we looked at were well maintained and were up to date. Visits from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why. We saw that the plans were being reviewed monthly so staff would know what changes, if any, had been made.

Relatives told us that they had been involved with developing care and support plans. They told us that they had been consulted about likes and dislikes when their family member had moved in. People’s care plans detailed what care and support people needed and what they could do for themselves.

We saw that staff knew people well and engaged with them about their families, activities and interests. People were offered choices such as where they wanted to spend their time and staff respected their decisions. Staff told us how they communicated with people who had communication difficulties. They said they observed people’s body language and expressions so that they knew what people liked or disliked or what care and support they needed.

The home did not have an activities schedule although people who used the service and their families told us that activities were arranged to suit the wishes of the people who lived in the home. One person told us that nobody wanted to do anything other than to sit and chat or sleep. Another person said staff would read with people and occasionally a person would come in to provide entertainment. All the people spoken with told us that they did not want much activity and were happy as they were. The registered manager told us that she arranged activities if people wanted them but she said that none of the people who currently lived in the home showed any interest. However, she told us that church lay preachers visited the home weekly, newspapers were delivered daily and an entertainer played the organ and provided a sing-a- long bi- monthly. Staff told us that a hairdresser also visited the home each week. People told us that in the warmer weather they sat in the garden or went out with family members. We saw that people spent their time watching television, reading or chatting and they told us that this was what they chose to do.

Staff understood that people had the right to make a complaint if they were unhappy about any aspect of the services provided. Staff said that if a person felt strongly about something not being right they would help them to complain. Staff were aware of the process available to people if they wanted to make a complaint. This meant that they could direct people to the right person. The complaints policy was displayed in the home and also detailed in the service user guide. People told us that they knew what to do if they were unhappy about anything but had no reason to complain as everything was fine. A relative of a person who lived in the home told us they had been given details of the complaints procedure but had not found anything to complain about as the staff and services provided were ‘wonderful’. We looked at the complaints book and noted that no complaints had been received by the home since the last inspection.

Good

Is the service well-led?

Our findings

People told us that they were asked by staff if they were happy in the home and given the opportunity to complete questionnaires if they wished. People's relatives told us that staff shared all 'need to know' information with them and they had no problems whatsoever with the way the home was run. Comments included "I enjoy visiting here. It is a well -run home. Staff are open and friendly and the boss is great" and "They think of the residents at all times and provide services around their needs".

There was a registered manager at the home who had been there for many years. Staff told us that the registered manager was always available if they had any concerns. Staff told us "She is always here for us. She is approachable and always tells us what is going on".

The registered manager demonstrated a good understanding of the care and support needs of the people who lived at Highfield House and worked variable hours to ensure she got to know all the staff who worked in the home.

The registered manager told us that she kept up to date with her practice by attendance at regular meetings attended by other professionals who worked within health and social care, reading up to date articles about changes in legislation and health and social care topics.

We saw that audits were being carried out and recorded, on the content and quality of care plans and risk assessments were accurate and reviewed regularly to ensure people were safe and happy. A range of other audits and risk assessments had been carried out including a medication audit, fire risk assessment and action plan, bed rails audit and risk assessment, control of substances hazardous to health risk assessment, moving and handling risk assessment and falls.

In addition to the above there were also a number of maintenance checks being carried out weekly or monthly. These included the fire alarm and emergency lighting, water temperature and legionella. We saw there were up to date certificates covering the gas and electric installations, portable electrical appliances, and lifting equipment such as hoists. If there were any issues requiring attention these were entered into a maintenance repair book and dealt with.

The registered manager told us that she sent questionnaires to the people who lived in the home, their relatives, staff and any other professional who may be involved with their care to gain their perceptions of the staff and services provided. We looked at the returned questionnaires. We saw that the provider had surveyed the views of staff, people who used the service, their relatives and visiting health and social care professionals. All people responding to the survey made positive comments about the standard of care facilities and services provided, for example one person described the home as a "lovely place, homely and happy".

Staff members we spoke with were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner.

The staff members told us that informal staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the diary records of these meetings and could see that a variety of topics, including infection control, emergency procedures [new policy], staff rotas, holidays and breaks had been discussed.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. We received positive feedback from this organisation.

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.