

Eagle Care Homes Limited

# Highfield Manor Care 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 ●

# Summary of findings

## Overall summary

Highfield Manor Care Home is a large detached house situated close to the centre of Heywood. The service is registered to provide accommodation and personal care for up to 38 older people. The home is close to public transport and local amenities. There is also ample car parking to the front of the home. At the time of our inspection there were 28 people living in the home.

We had previously inspected this service in February 2015 when we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This resulted in us making six requirement actions. The service sent us an action plan telling us the action they intended to take to ensure they met all the regulations. They informed us they would be compliant with these by June 2015.

This was an unannounced inspection which took place on 12 and 13 May 2016 to check the required improvements had been made and to follow up on what action had been taken to address the requirement actions. We found the requirement actions had been complied with and significant improvements had been made.

Since our last inspection improvements had been made in the way medicines were managed to ensure people received their medicines safely. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. We found that records were completed fully and protocols were in place to guide staff on administration of "as required" medicines.

Arrangements were in place to ensure people's rights and choices were protected when they were unable to consent to their care and treatment in the service. Staff had received training in, and understood, the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA.

Care records were detailed, person centred and contained good information about people's support needs, preferences and routines. Care records were reviewed regularly. People who used the service and their relatives had been involved in planning and reviewing the care provided.

There was a complaints procedure for people to use if they wanted to raise any concerns about the care and support they received. There was a system in place to record complaints and the service responses to them. People were confident that they would be listened to and action would be taken to resolve any problems they had.

Improvements had been made in how the quality of the service was monitored. There was a robust system of weekly, monthly and annual quality monitoring and auditing in place. We found these audits included; medication, accident and incidents, falls, cleaning, building maintenance, care plans and risk assessments, staff training, complaints and safeguarding.

The service had a registered manager in place. 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 complimentary about the registered manager and said they were a good manager. We found them to be enthusiastic and committed to providing person centred care.

People we spoke with were positive about the registered manager, staff and the service.

People told us they felt safe at Highfield Manor Care Home. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

There was a robust and safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff. There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to be able to deliver effective care.

Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

People had access to a balanced diet; food we saw was nutritious, plentiful and well presented. We saw systems were in place to monitor people's nutritional needs. People had access to a range of health care professional to ensure their health needs were met.

The staff and managers knew people very well. They spoke fondly about people who used the service. We saw staff provided support in a caring, patient and unhurried way. They took time to listen and respond to people.

The service placed great importance on promoting people's independence and choice. Care records contained information on what people could do for themselves.

We saw that the service had a range of policies and procedures to help guide staff on good practice. Staff told us they felt supported and enjoyed working for the service.

## 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.

Systems were in place to ensure that people received their medicines safely.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns

Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

### Is the service effective?

Good 

The service was effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. Staff had received training in and understood the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff received the induction, training, support and supervision they required to be able to deliver effective care.

Systems were in place to ensure people's nutritional needs were met.

### Is the service caring?

Good 

The service was caring.

All the people we spoke with were positive about the staff and the care and support they received.

The staff and managers knew people very well. They spoke fondly about people who used the service. We saw staff provided support in a caring, patient and unhurried way. They took time to listen and respond to people.

The service placed importance on promoting people's independence and choice. Care records contained information on what people could do for themselves.

### Is the service responsive?

Good ●

The service was responsive.

There was a complaints procedure in place to enable people to raise any concerns. There was a system in place to record complaints and the service responses to them. People were confident that they would be listened to and action would be taken to resolve any problems they had.

Care records were detailed, person centred and contained good information about people's support needs, preferences and routines. Care records were reviewed regularly. People and their relatives had been involved in planning and reviewing the care provided.

### Is the service well-led?

Good ●

The service was well-led.

There was a system in place for monitoring and reviewing the quality of the service provided.

People we spoke with were positive about the registered manager, staff and the service. Staff felt supported and enjoyed working for the service.

There was a registered manager in place who was enthusiastic and committed to providing person centred care.

# Highfield Manor Care 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 was an unannounced comprehensive inspection which took place on 12 and 13 May 2016. The inspection was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Rochdale Health watch for their views on the service; they raised no concerns.

During our inspection we spoke with three people who used the service, two relatives, the registered manager, area manager, team leader, three care workers, the handy man and the cook. The day after our inspection we spoke with three relatives by telephone to ask their opinion of the service.

As some people were not able to tell us about their experiences, 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 to us.

We carried out observations in public areas of the service. We looked at four care records and seven medication records. We also looked at a range of records relating to how the service was managed including three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

# Is the service safe?

## Our findings

At our last inspection we found that the service was not always safe. We found the provider did not have suitable arrangements in place with regards to the safe management and administration of people's prescribed medicines.

During this inspection we looked at how medicines were managed; we found improvements had been made.

We found that people received their medicines safely. We saw medicines management policies and standard operating procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering, residents self-administering, managing errors and action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of "as required" medicines. However we found that one person's supply of "as required" pain relief had run out one day before their next supply was due. We were told that this had been discussed with the pharmacist and arrangements made to ensure it would not happen again.

During our inspection we observed medicines being given by a senior member of staff. We saw that the staff member took their time and waited with each person whilst they took their medicines. An explanation of what the medicine was for was given to each person; medicines were given appropriately and with a drink.

We looked at seven medicines administration records (MAR). They all contained a photograph to help staff identify people. We found that all records were fully completed to confirm people had received their medicines as prescribed. Records showed that all staff responsible for administering medicines had received medicines management training. The registered manager and staff we spoke with told us that part of the training included a test of competency and that annual competency checks were also undertaken. They told us this would happen sooner if any concerns arose regarding the ability of any staff member to administer medicines safely. We saw that during the week of our inspection a staff member had made an error by administering the right medicine but from the wrong date in the medicine daily dose container. The manager showed us they had organised a supervision and competency check to ensure the staff member's knowledge and competency. The registered manager told us that to further reduce the risk of medicines errors the service had already arranged to use a different administration system which would be starting the week after our inspection. We saw that staff had received training in this new system and that additional training including a work book and competency assessment was planned once the system was being used. We were told these workbooks would be checked by the supplying pharmacist.

We found that medicines, including controlled drugs were stored securely and only authorised and suitably qualified people had access to them. A record was kept of medicines returned to the pharmacy. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly. We saw there was a system of daily, weekly and monthly checks and audits carried out by senior staff and the registered manager.

Relatives we spoke with were confident their family members were safe living at Highfield Manor Care Home. One person told us "I never have any worries". Another said, "I have to trust them with my [relative], I have had no concerns."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We saw that a robust and safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained an application form including full employment history, interview questions and answers, professional references and proof of address and identity including a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw that when staff started to work for the organisation they were given an employee handbook. This contained information about handling people's confidential information, health and safety and expected standards of conduct and dress. It also contained policies and procedures to guide staff on the company's expectations about recruitment, sickness, disciplinary, training, supervision and appraisal.

We looked at the staffing arrangements in place to support the people who lived at the home. People we spoke with told us there were sufficient staff to ensure people received the support they needed. Staff we spoke with told us they were busy and that sometimes, particularly in the morning when medicines were being administered by the senior staff member. They told us they could usually spend time talking with residents. One staff member told us "It's hard work but it's rewarding."

During our inspection we saw sufficient staff were available to provide the care and support people needed in an unhurried and relaxed manner. Call bells were answered promptly and staff responded in a timely manner to requests for support. Staff we spoke with told us cover for sickness and leave was usually provided by permanent staff completing extra hours. The area manager told us that an extra staff member was shared during the day between this home and one next door which is owned by the same provider. Staffing rota's we saw showed that this person worked three days one week and four days the next at this home. The area manager told us that they were sometimes moved if one of the homes had a staff shortage due to sickness or unforeseen incident such as someone having to go to hospital. On the day of our inspection the extra staff member was working at Highfield Manor. Staff we spoke with told us this allowed them to have more time to support people. The area manager showed us the staffing needs assessment that was completed each week by the service. This ensured that staffing levels reflected people's current needs. Examination of the rotas showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff.



We looked around the home and found the communal areas, toilets and bedrooms were clean and free from offensive odours. A relative we spoke with told us the home was always clean, "It always smells nice and the rooms are tidy." Since our last inspection communal areas of the home and most bedrooms had been re-decorated. New non slip flooring had been fitted in one of the lounge areas and some of the bedrooms. The home was well decorated and bright. The registered manager told us that before a new resident started to live in the home their bedroom was redecorated and people were offered choices of the colours and wallpaper. The registered manager told us all except one bedroom had an en-suite toilet. The bedrooms we looked at were spacious and contained lots of personal belongings and photographs. Furnishings were in good condition. The home contained lots of ornaments and pictures.

We looked at four people's care records. We found that these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included manual handling, pressure areas, nutrition, falls, and medicines. We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included fire, bathrooms, communal spaces, electrical appliances, the lift and hoists, medicines, chemical and cleaning products, window restrictors and legionella. We noted that all risk assessments had been regularly reviewed.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a continuity plan. This informed managers and staff what to do in the event of such an emergency or incident and included; lack of availability of staff, loss of computer systems and telephones, loss of gas, electricity, heating, water, breakdown of essential equipment, flooding and severe weather.

Records we looked at showed there was a system in place for carrying out regular health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate. We saw there was a maintenance book that was used to report repairs or maintenance that was needed within the home. We saw that notes were made in the book when repairs had been completed.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPS) had been completed. Records showed that staff had received training in fire safety awareness.

We saw that the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed us accidents and incidents had been recorded and the registered manager reviewed them regularly. They also kept a separate log so that they could look at action taken and identify lessons that could be learned. One entry we saw showed that a person's care plans and risk assessments had been updated following a fall.

We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us PPE was always available and used. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection control. We also saw that staff were assessed by the registered manager each year for their practice with infection control including hand hygiene, use of PPE and waste disposal.

The area manager showed us a hospital transfer form that would be completed by the service and given to health care professionals if a person needed to go to hospital. This included important information about the person's medical conditions and contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care and support the person in the way they preferred.

We were told that there was always a member of senior staff on call if they were not in the home to respond in the case of an emergency.

# Is the service effective?

## Our findings

At our last inspection we found that the service was not always effective. We found the provider had not obtained valid consent and care records did not reflect additional support people who had been assessed as lacking capacity might need. During this inspection we found the required improvements had been made.

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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this 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. We found the service was working within the principles of the MCA.

Since our last inspection policies and procedures that guide staff on working within the principles of MCA and DoLS and gaining valid consent had been updated. People's care records contained evidence that the service had identified whether the person could consent to their care. They contained information about each individual's capacity to make particular decisions. We saw that where appropriate relatives had been consulted about people's wishes. Where necessary we noted that multi-disciplinary best interests meetings had taken place. We also found that the service was following correct procedures when applying for DoLS authorisation. At the time of our inspection authorisations for DoLS were in place for 28 people who used the service. Conditions on authorisations to deprive a person of their liberty were being met and care plans reflected additional support people might need, such as ensuring people could access their bedrooms if they wanted. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us that new applications for DoLS had been made for three people who used the service.

Prior to our inspection we looked at our records and found that the service had notified CQC of the DoLS authorisations, as they are required to do. Records we looked at showed us that since our last inspection all staff had received training in MCA and DoLS. The registered manager and staff we spoke with demonstrated an understanding of MCA and DoLS.

At our last inspection we found that improvements needed to be made to the systems to ensure staff received the training they required. During this inspection we found the required improvements had been made.

The area manager showed us the training matrix. This was used by the service to record training staff had received. We saw that training staff received included moving and handling, first aid, safeguarding adults and children, medicines administration, food hygiene, infection control, and fire safety. We saw that since our last inspection all senior and care staff and most ancillary staff had also received training in dementia

awareness. We were told that the service supported staff to gain additional qualifications in care. We saw that most staff had completed further care qualifications. Staff we spoke with confirmed the training they had attended and felt the training helped them to provide people with the support they required. Staff personnel files we reviewed contained copies of certificates for the training stated on the training matrix.

We were told by the registered manager that when staff started to work at the service they received an induction which included an introduction to policies and procedures, mandatory training including manual handling, fire safety, safeguarding, risk assessment, promoting independence, personal care and privacy and dignity. Staff also shadowed experienced staff on their first shifts. Staff told us the induction helped them understand their role and what they needed to do to support people. One staff member we spoke with told us they had shadowed another staff member for two weeks and said they were sure this would have been extended if they had not felt confident to work on their own. Staff files we looked contained an induction checklist which was completed by the registered manager to ensure staff had received all the necessary information. □

We saw that there were systems in place to help ensure staff received supervision and an annual appraisal of their performance. Staff told us they felt supported in their roles. Records we reviewed showed that care staff had received regular supervision. Records we looked at showed that in November 2015 and February 2016 meetings had been held for night staff, care staff, team leaders and domestic. Staff told us the meetings were useful and they felt supported.

We looked to see if people were provided with a choice of suitable and nutritious food. We found the kitchen was clean and tidy. However in one storage area plaster on one wall had been knocked off when a freezer had been delivered, leaving exposed brick work. The area manager told us the re plastering would be completed the day after our inspection. They subsequently confirmed the work had been completed.

The service had received a 5 star rating from the national food hygiene rating scheme in January 2015 which meant they followed safe food storage and preparation practices. We saw the cook had received training in food preparation and food hygiene. Checks were carried out to ensure food was stored and prepared at the correct temperatures. We found the cook had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. We saw that people's preferences were respected.

On the first day of our inspection we observed a lunch time meal. The tables were laid with table cloths and napkins. As people arrived in the dining room they were asked by staff where they wanted to sit. We saw that people were offered a choice of a hot meal or salad. There was also a choice of three cordials. Where people did not understand the options available, we saw that staff took the meal choices to them and asked them to pick which one they wanted. Throughout our inspection people were provided with snacks and drinks. On the first day of our visit, which was a very warm day, some people sat in the garden and had afternoon tea.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. We saw that, where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores. We saw these were reviewed regularly. One record showed that where a person had lost weight a request had been made to the person's doctor for a food supplement.

Care records we looked at showed that people had access to a range of health care professionals including; doctors, dietician, mental health outreach team, chiropodists, district nurses and an optician. We saw that records were kept of any visits or appointments.

## Is the service caring?

### Our findings

All the people we spoke with during our inspection spoke positively about the staff and the care and support they received. People we spoke with said of the staff "They are perfect", "The girls are nice." During our inspection one resident said to a member of staff "You're the best, everyone likes you."

Relatives we spoke with said staff were, "Brilliant, they deserve a medal", "They are friendly and helpful", "Staff are all great, they all go that extra mile." Others said they were, "Very caring", "The carers are lovely, really nice" and "They couldn't do any more for you."

The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. Staff were able to tell us about things that were important to the people they supported. Care record we saw contained a "This is me" document. This included detailed information about the person's social and life history. It included people who had been important to the person as well as hobbies, working life and things that staff could talk to the person about. A relative we spoke with said, "They know my [relative] well." Another told us, "They know my [relative] and me."

Care records we looked at placed importance on promoting people's independence and choice and covered people's preferences and routines. They detailed what the person wanted to do and how they liked their care to be provided. Records we looked at also contained information on what each person could do for themselves. Staff we spoke with told us they encouraged people to do as much as they could for themselves. One staff member told us, "It's as simple as encouraging the person to brush their own teeth". Another said, "It starts first thing in the morning, I show them clothes and ask them to choose."

During the inspection we spent time observing how staff interacted with people who used the service. We found that staff were caring, patient and took time to listen to people and gave people time to respond. We also saw that where people did not understand what staff were asking, staff showed them visual clues to prompt their understanding. We saw staff bring clothes to one person so that they knew they were going to get changed. One staff member we spoke with told us they often came back to the home after their shift so they could sit and talk with people.

The registered manager told us the home had an open door policy to people's visitors. Relatives we spoke with said they were made to feel very welcome. One relative told us they felt welcomed by staff. They said, "I am part of the family."

We found that care records were stored securely and policies and procedures we looked at showed the service placed great importance on protecting people's confidential information.

We saw that information about advocacy services including contact details was displayed in the reception area.

## Is the service responsive?

### Our findings

At our last inspection we found that the service was not always responsive. The provider did not have an effective system in place for recording the receipt and handling of people's complaints. We also found that care records were not always completed, accurate or reviewed regularly.

During this inspection we found the significant improvements had been made.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. We saw this was displayed on a notice board in the entrance area of the home.

The registered manager told us there had only been one formal complaint since our last inspection. Records we saw showed that there was a system for recording complaints and any action taken. We saw that a complaint about activities within the home had been made and that appropriate action had been taken to resolve the complaint. The registered manager told us that they also send a quarterly log to the local council that included any complaints and action taken. Relatives we spoke with knew how to make a complaint and told us they felt any complaints they made would be taken seriously and dealt with. One person told us, "I could complain, but I have no complaints, not about anything." Another said, "I did complain a while back about the laundry., They sorted it, they are on the ball now."

We looked at four people's care records. We found the records were detailed and person centred. The registered manager told us that prior to someone starting to live in the home a pre-admission assessment was completed. The registered manager met with the person and where appropriate their relatives to discuss the person's support needs. This was recorded on an admission sheet and in "How best to support me" information and meant the service could ensure people were suitably placed. The care records we looked at confirmed this pre-admission assessment had been completed.. We saw that the information was detailed and was used to develop care plans and risk assessments to guide staff on how best to support the person.

The care records we looked at included a picture of the person and a "This is me" document. Records included important information about the person's health conditions and allergies. They informed staff of people's social history, personal preferences, likes and dislikes interests and hobbies in order to promote person centred care.

We saw care records also included information about people's needs in relation to personal care, mobility, capacity, communication, religion, behavioural difficulties, health and diet. They contained detailed risk assessments and care plans. The records we looked at were sufficiently detailed to guide staff on how to provide the support people needed. A record we looked at identified that the person must have their

favourite cereal for breakfast immediately after their morning personal care "or [person] will become upset." Another told staff the person liked "to feed the birds." Another that they "like a juice when they go to bed."

We found that care records had been reviewed monthly or sooner if the person's needs had changed. We saw that changes were made to the care plans and risk assessments when people's support needs changed. The care records we saw contained evidence that people and their representatives had been involved in developing the care plans and risk assessments.

We were told that staff were made aware of changes in people's support needs during the handover that happened at each change of shift. We observed that the handover was detailed; it included the appointments that people had and we also observed staff were given advice on how to encourage someone to take more drinks. We saw that records were kept of the handover.

During our last inspection we had recommended that the service considered current guidance in relation to the choice of activities offered to promote the well-being of people living with dementia. We asked the registered manager and area manager about the activities available for people who used the service. They told us that since our last inspection an activity coordinator had been employed, but the person was currently on long term leave and a temporary replacement was being advertised for. They told us that the service did not have a fixed programme of activities.

Since our last inspection the service had started some activities specifically for people living with dementia. Two people had had access to doll therapy and the activity coordinator had used reminisce boxes which they changed via the library service. These contained objects and photographs from past times and were used to help people remember and discuss important things and events from past years. The area manager told us that the service was also starting to develop memory boxes for each person. These would contain objects and photographs that were important to each individual and would help them to remember important people and events from their lives.

The registered manager told us that activities offered in the home included indoor bowls, skittles, gardening, music, films, chair exercises, movement to music, quizzes, arts and crafts and beauty sessions. We saw that a hair dresser came every week and people could book to see them. They told us events were organised regularly. We saw that recent events had included a visit from a donkey sanctuary and a ukulele player. We saw that parties were organised for special occasions; these had included a Christmas party with local school children, the Queens 90th birthday, religious festivals and pancake Tuesday. We were told that the service held birthday celebrations for people. We saw that one person had recently had their 87th birthday and that other residents had been invited to share their cake. The area manager showed us that a 1940's music group and a holistic therapy session were planned for the two weeks following our inspection.

## Is the service well-led?

### Our findings

At our last inspection we found a lack of effective systems in place to monitor the quality of the service provided. During this inspection we found that significant improvements had been made.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place. We found these audits included; medication, accident and incidents, falls, cleaning, building maintenance, care plans and risk assessments, staff training, complaints and safeguarding. Records we looked at showed that the area manager also did quarterly audits of all these areas and produced a report of their findings and an action plan of how and when any issues were to be resolved. The area manager told us this report was discussed with the provider.

The registered manager also completed spot checks on medication administration recording and undertook a daily check throughout the building for cleanliness and maintenance issues. We saw that if action was needed the information was passed to staff, who were allocated tasks to rectify the problems.

People we spoke with were positive about the service provided at Highfield Manor Care Home. They said; "Isn't this place wonderful", "This place is lovely, I am lucky". Another person told us, "I love living here."

The service is required to have a registered manager in place. There was a registered manager in place at Highfield Manor Care Home. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during this inspection.

People we spoke with were complimentary about the registered manager. Comments they made to us included, "She's smashing", "She's great, dead easy to talk to", "She's a very good manager." Staff told us, "I like her she's fair", "She is always here", "You can ask her anything", "She is firm and strict, but fair." During our inspection we found the registered manager was enthusiastic and committed to providing person centred care.

Staff were positive about working for the service. They told us, "They are lovely to work for", "I feel valued", "I would recommend this place to anyone, I love it", "They are a good company, and [area manager] is nice." Another said of the area manager, "She has a heart of gold."

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, staff training, privacy and confidentiality, safeguarding, whistleblowing, infection control, meeting nutritional needs, medicines management, health and safety, accident reporting, capacity and consent, MCA and DoLS and infection control.

People who used the service or their relatives were given a service user guide. This explained the service's aims, objectives and services provided. It also gave details of staff training, confidentiality, food and hygiene,



fire safety and drills, personal items in bedrooms, visitors, security, and administration of medicines, care planning and complaints. These documents gave people sufficient information so they would know what they could expect from the service.

We were told that the service sent out a consumer survey each year to residents and relatives to gather their views on the service and how it could be improved. We saw that one had been sent in March 2016. The registered manager told us that they had only received four responses back at the time of our inspection and were waiting for more replies before they reviewed the results. Completed forms we saw included positive comments about the service including, "I have found the quality of care very good" and "staff are respectful." We saw that one person had requested, "More singing and music." The area manager told us that they were planning to use a new consumer survey next time that they thought would be easier for people to complete.

Service user meetings were held monthly. We were told by the registered manager that relatives were welcome to attend those meetings. Records we saw showed that previous meetings had included discussions about people's ideas for future activities and activities that were planned. We also found they were used to discuss health and safety. At one meeting we saw the registered manager had asked people not to wedge open their bedroom doors due to the fire risk, but had said that if people wanted to have their doors open they could arrange for them to have an automatic fire door closer fitted.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating from the last inspection in the reception area and on the service website.