

Care UK Community Partnerships Ltd

Highmarket House

Inspection report

North Bar Place
Banbury
Oxfordshire
OX16 0TD

Tel: 01295297689

Website: www.careuk.com/care-homes/highmarket-house-banbury

Date of inspection visit:
14 May 2018

Date of publication:
11 July 2018

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

The inspection was carried out on 14 May 2018 and was unannounced. Highmarket House is a newly registered purpose built residential care home. This was our first inspection of the service and we rated the service as 'Good' overall.

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

Highmarket House accommodates up to 73 people in one adapted building. The service supports older people and younger adults with a range of conditions and includes support for people living with dementia. At the time of the inspection there were 17 people using the service.

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

Throughout the inspection there was a cheerful, relaxed atmosphere. We saw many kind and caring interactions which valued people as unique individuals. The registered manager led by example, promoting a positive, person-centred culture. Staff knew people well and had developed positive relationships.

People enjoyed a range of activities both inside and outside the service. Staff used their knowledge of people's life histories and likes to ensure activities met their individual needs.

Staff were well supported and felt valued. Staff completed a range of training and development activities to ensure they had the skills and knowledge to meet people's needs.

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 received food and drink to meet their dietary needs and made choices from a varied menu. Where people were at risk of malnutrition this was identified and steps taken to minimise the risk.

Care plans were person-centred and gave clear guidance to staff in how people wished their care needs to be met. Care plans were developed with people and relevant others to identify how people wished their care needs to be met. The service was responsive to people's changing needs.

Risks to people were assessed and there were plans in place to manage the risks. Medicines were managed safely and staff responsible for administering medicines were trained and their competencies regularly

assessed.

The registered manager ensured there were sufficient staff to meet people's needs and staff had time to spend chatting with people and time to take them out.

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.

Risks to people were assessed and there were plans in place to manage those risks.

Staff understood their responsibilities to identify and report any concerns where they felt people were at risk of harm or abuse.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who understood the principles of the MCA and how it impacted on people's lives.

Staff were supported through regular supervision and training to ensure they had the skills and knowledge to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were given choice in relation to how their care needs were met and choices were respected.

Staff were kind and compassionate ensuring they treated people as individuals.

Is the service responsive?

Good ●

The service was responsive.

People enjoyed a range of activities that were personalised to their needs.

There were effective systems in place to enable to feedback their views about the service.

People were confident to raise complaints and these were dealt with in line with the provider's policy.

Is the service well-led?

The service was well-led.

The registered manager promoted a person-centred culture.

Staff were valued and listened to.

The registered manager was developing links with the local community.

Good ●

Highmarket House

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 inspection took place on 14 May 2018 and was unannounced.

The inspection was carried out by one inspector 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.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and notifications received from the service. Providers are required under the law to send notifications to CQC relating to specific events. We looked at the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We observed practice throughout the inspection and 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 with.

We spoke with ten people, three relatives and one visitor. We also spoke with the registered manager, the area manager, one senior care worker, a care worker and the chef. We looked at three people's care records, four staff files and records relating to the management of the service.

Is the service safe?

Our findings

People were safe living at Highmarket House. One relative told us, "I am reassured that [person] is so much better off here than being at home".

Staff had completed training and had a clear understanding of their responsibility to identify and report any concerns regarding the risk of harm or abuse to people. One member of staff told us, "I would report anything to my line manager or the home manager. I could use the whistleblowing policy if I needed to". Staff were aware of the outside agencies they could report concerns to if they felt it was necessary.

There was a safeguarding policy and procedure in place and records showed that all concerns were investigated and reported to outside agencies appropriately.

People told us there were enough staff. One person told us, "Yes, there are more than enough carers and nurses".

Throughout the inspection we saw staff responding promptly to people's requests for support. People had access to call bells and told us these were answered in a timely manner. One person said, "I press the button regularly at night; the carers come promptly". Staff were not rushed and had time to sit and chat with people.

Medicines were managed and stored safely. Storage temperatures were monitored and recorded daily to ensure medicines were stored effectively. Medicines were administered by staff who had completed training and their competencies were assessed to ensure they were able to administer medicines safely. We observed staff administering medicines in line with the provider's medicine policy and national guidance. We saw staff ask people if they were ready to take their medicines and staff took time to explain what conditions medicines were prescribed for. Where people were prescribed medicines to be taken 'as required' (PRN), a protocol was completed for each individual to assist and guide staff in when to administer PRN medicines. Medicine administration records (MAR) were fully and accurately completed and included detailed information regarding how people liked to take their medicines.

Care plans contained risk assessments and where risks were identified there were plans in place to manage the risks. Risks identified included risks associated with: mobility; falls; pressure damage; choking and nutrition. Risk assessments also showed people had been consulted in relation to the risk and how they wished the risks to be managed. For example, one person's care plan identified the person was at risk of pressure damage and the plan required the person to be repositioned two hourly. However, the person did not want to be turned two hourly at night. This had been discussed with the person and the care plan stated the person would like to be repositioned every four hours. The care plan also identified the person had pressure relieving equipment in place to help manage the risk.

Accidents and incidents were reported and recorded. Records showed that appropriate action was taken to minimise the risk of reoccurrence. There were effective systems in place to monitor and analyse accidents

and incidents for trends and patterns. For example, the registered manager had identified a significant number of people who had experienced urinary tract infections. As a result of the analysis the registered manager had installed drinks stations on each unit to support people to improve their hydration. This had resulted in a reduction in urinary tract infections.

There were effective infection control procedures in place. We saw staff using personal protective equipment (PPE) appropriately. The service was clean and there was a team of housekeepers who ensured the cleanliness of the service was maintained.

Equipment regularly checked and serviced to ensure it was safe to use. This included hoists and pressure mattresses. There were regular checks on the environment and safety systems to ensure they were in good working order. This included; gas safety, electrical checks and fire systems.

Is the service effective?

Our findings

People's needs were assessed and care plans developed to ensure people's needs were met in line with current best practice. For example, people's care records included an oral health assessment in line with The National Institute for Health and Care Excellence (NICE) guidance on oral health for adults in care homes. People's care plans also included details of people's communication needs and how those needs should be met. This was in line with the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

People were supported by staff who received training and support to ensure they had the skills and knowledge to meet people's needs. People were confident staff were well trained and understood how to support them. One person said, "They [staff] do what they do, well".

Staff had completed a range of training which included: Dementia awareness; health and safety; mental capacity; food hygiene and equality and diversity. Staff were positive about the training they had received. One member of staff told us, "I've had lots of training. I shadowed more experienced staff until I had finished all my training and I was confident to work on my own".

Staff were supported through regular supervision and daily conversations with the management team which they found valuable. One member of staff said, "[Registered manager] always has five minutes and is very approachable". Records of supervision showed staff were supported to identify development activities and provided with positive feedback about their performance.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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. We saw that people were supported in line with the principles of the MCA.

People's care records included mental capacity assessments relating to specific decisions where there were indications that the person may lack capacity. One person had been assessed as lacking capacity to make a decision relating to an area of their care. The registered manager had identified that the person's mental health had improved since moving to the home. The registered manager had completed a mental capacity assessment and was working with health professionals to change the person's care plan.

Staff had completed training in MCA and understood how to apply the principles of the Act in the daily support they gave to people. One member of staff told us, "We must always assume they [people] have capacity. If they don't then I'd still listen to what they want and liaise with family and others. If people refuse

care then it's about trying a different approach". This ensured people's rights were protected.

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). Where people had been assessed as lacking capacity to make decisions that resulted in a restriction being placed upon them the registered manager had made DoL's applications to the supervisory body as required. These applications were kept under review by the registered manager.

People gave mixed views about the food and drink available at the service. One person told us, "I wouldn't say I'm raving about the food, it is okay, I would say it is a bit clumsy and it can be a bit hit and miss". However, other people were complimentary about the food. One person said, "The food is excellent, that is the truth". People were given the opportunity to feedback on the quality of the food and we found ongoing changes were being made to the menus to ensure they met people's preferences

There was a calm and sociable atmosphere in the dining room. Visitors were invited to enjoy lunch with people, which added to the sociable atmosphere. People had a choice of meals from the menu. Where people did not like the choices available other options were offered. The chef was present during service and checked people were enjoying their meals. The chef clearly knew people's likes and dislikes and was aware of individual dietary requirements. We saw that people enjoyed their food and were complimentary to the chef.

Where people preferred to eat their meals in their rooms this was respected. One person who chose to eat in their room told us, "My need for help depends on how I am feeling". On the day of the inspection a member of staff sat in the person's room and ate their meal with them. This enabled the member of staff to help the person if needed and created a sociable atmosphere.

The service worked closely with health professionals to ensure people's health was maintained and any changes in health conditions was reviewed. Records showed that people had been visited by a range of health professionals which included: speech and language therapists (SALT), mental health team and G.P.

The building was purpose built and created a spacious and light environment. There were many attractive areas of the home, with access to outside spaces. There was an enclosed outside space which people living with dementia were able to access freely. The registered manager had plans in place to improve the area of the service where people living with dementia resided to enhance their well-being.

Is the service caring?

Our findings

There was a caring culture promoted by the management team. The registered manager spent much of the day in communal areas of the home taking time to speak with people and set a positive example to all staff. This resulted in a positive, friendly atmosphere that ensured people were treated with kindness and compassion by staff. One person told us, "All the staff are very helpful and nice and they can't do enough for you". Relatives were equally complimentary about the caring approach of staff. One relative said, "They [staff] are absolutely wonderful. I could not fault them".

Staff spoke about people in a caring manner, understanding the uniqueness of each individual they supported. One member of staff told us, "There is a lovely atmosphere here and you really get the chance to know people. They have so many stories. It's about the residents. Everything we do is about the residents. They are at the heart of everything I do. I go home knowing I have made a difference and put a smile on their face".

We saw many kind and caring interactions where staff took time to speak with and spend time with them. For example, one member of staff admired the colour of a person's clothing, the person responded positively to the comment. The member of staff then sat down with the person and chatted for a few minutes. When the staff member moved away the person remained smiling and had clearly enjoyed the interaction. Another member of staff was due to go home for the day and took time to come to say goodbye to a person. The member of staff spoke slowly, clearly and with eye contact to ensure the person understood her message.

People were treated with dignity and respect. We observed staff knocking on people's doors and waiting to be invited in before entering. One person told us, "Yes they always knock my door before coming in". Staff spoke with and about people in a respectful manner. People were addressed by their preferred name.

When supporting people, staff took time to explain what they were going to do and ensured people understood. Staff ensured people consented before providing support. Where people declined support their choices were respected and alternative choices were offered. For example, one member of staff asked a person if they would like to go out for a walk to nearby park. The person replied that they did not want to go out. The member of staff then offered a range of other activities that were taking place throughout the day.

Is the service responsive?

Our findings

People told us they enjoyed living at Highmarket House and that their lives had improved as a result. One person said, "This place has made the world of difference to me, it has allowed me to be fit and happy".

People received person-centred care that ensured their individual needs were met. People were valued for who they were and were treated equally, valuing their uniqueness. Care plans included information that enabled staff to know people as unique individuals. For example, care plans included life histories which had been completed with people and their relatives. This included information relating to family relationships, people's working lives and their likes and dislikes. Staff used this information to develop meaningful relationships with people. For example, one person had lived locally for many years. Staff had used this knowledge to enhance the person's life. The person told us, "I've been taken to the old fish and chip shop I used to go to and they took me to Banbury Fair last October". It was clear this had been enjoyed and valued by the person.

Staff understood the importance of relationships and supported people to maintain them. One member of staff told us, "It's about respecting their relationship and their privacy".

Care plans identified the support people required in relation to their physical and psychological needs and there was guidance for staff in how to meet these needs. For example, one person could become anxious due to their mental health condition. The care plan guided staff in how to support the person when they showed signs of becoming anxious. Staff we spoke with were aware of how to support this person and we saw them using the guidance when speaking with them.

When people's support needs changed, prompt action was taken to update the guidance for staff to ensure people's needs were met. For example, one person's condition had deteriorated and they were being supported to remain in bed. The care plan had been updated and reflected the person's increased needs and how they would be met.

People were involved in the development of their care plans and where appropriate relatives were also involved. Relatives were kept informed of changing needs. One relative told us, "The Home is very good with paperwork. They were also proactive after he had had a fall and they rearranged his bed and it is against the wall now".

People enjoyed a range of activities organised by an activities team. People's comments included: "The activities are very good; they took us to Stratford, I enjoyed that"; "Yes, they took me for a push/walk in People's Park yesterday, when we came back I ate lunch with the others, I enjoyed that" and "We have been out to the [local pub]". Records showed a range of activities were enjoyed. These included; baking, planting in the garden; musical entertainers and using the cinema room within the service. People were encouraged to participate in activities. However, if people chose not to participate this was respected. One person told us, "They do try and encourage me to join in but it depends on how I am feeling really, it is certainly not fun sitting in the cinema if I'm not feeling right".

Staff were encouraged to take people out. During the inspection we saw a member of staff supporting a person to write a shopping list and then took them shopping to the local town. One member of staff told us, "We are encouraged to take people out. We definitely have time to do that. I have never known that before (the member of staff had previous experience of working in care homes)".

There were effective systems in place that enabled people and relatives to provide feedback about the service. This included regular resident and relative meetings. Records of the meetings showed that people's opinions were listened to and action taken to improve the service as a result. For example, the service displayed the activities and menus on notice boards. These had been in the main entrance of the service. Following feedback from people the notice boards had been moved to a more central area of the service where people had easier access to them.

People and relatives knew how to raise concerns and were confident that any concerns would be dealt with immediately. One relative told us, "There is a comfortable atmosphere to raise concerns. They always keep me well informed".

The provider had a complaints policy and procedure in place. Records showed that complaints had been investigated and responded to in line with the policy.

At the time of the inspection there was no one who required end of life care. Care plans included information relating to people's end of life wishes. This included where they would like to be supported and whether they wished to be resuscitated in the event of a cardiac arrest. We saw thank you cards from relatives whose loved ones had been supported to remain at Highmarket House at the end of their life. We spoke with one relative who still regularly visited the service. They told us, "They were absolutely wonderful. They met his needs and mine. I could not fault them they were so loving". The relative told us that seven of the staff attended the person's funeral. This clearly meant a lot to the relative. The relative often visited the service and continued to feel supported by the staff, stating "I am always welcome, they are all so friendly".

Is the service well-led?

Our findings

There was a warm and friendly atmosphere throughout the service. The registered manager spent much of the inspection speaking with people, relatives and staff. They promoted an open culture and it was clear that everyone was comfortable to speak with her. One relative told us, "[Registered manager] is excellent. She has such attention to detail".

Staff were positive about the registered manager and described an open and honest culture that put people's needs at the forefront of everything the service did. One member of staff told us, "[Registered manager] is absolutely amazing. She's brought so much to the home". Another member of staff said, "[Registered manager] is absolutely brilliant. Nothing is too much trouble. She's always there to talk to". The member of staff also told us, "It's their [people's] house. It's their way. It's the Care UK way".

Staff told us they felt valued and listened to. One member of staff told us, "I can definitely have my say and I feel listened to". The registered manager held regular team meetings and varied the times to ensure all staff could attend. One member of staff said, "The last few staff meetings have been brilliant. It's a great atmosphere and we are a good team".

The provider had introduced 'Going the Extra Mile' (GEM) awards to drive continuous improvement in staff performance. There were photographs displaying staff who had won the award. Staff were extremely positive about the recognition this gave to their hard work. The registered manager had made the award more personal by asking staff to fill in questionnaires about their likes and hobbies. The registered manager then made sure the 'award' was personalised.

There were effective systems in place that enabled the provider and registered manager to monitor the quality of the service and identify areas for improvement. There was a range of audits which included: Infection control, documentation, mealtime experience and night visits. The regional director carried out an audit which resulted in a 'Full Regulatory Governance Report'. This measured the service against the five domains CQC use in its inspection process and enabled the service to identify areas of improvement.

The registered manager held weekly clinical review meetings that reviewed people's weights, falls and medicines. This enabled the registered manager to identify any areas of concern and any actions needed as a result.

The registered manager was developing relationships within the community to promote the service and enable people to feel part of the community. Some of the events included: hosting a meeting of a local group for businesses, a visit from a local school, students from a local college supporting people to enjoy activities and hosting an 'understanding dementia' event.