

United Health Limited

Highfields 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 2 and 4 December 2015 and was unannounced. Our last inspection took place in June 2014. At that time we found there were concerns with how the provider supported people to make decisions, how people were supported to take risks and how care was planned. During this inspection, we found improvements had been made.

The service is registered to provide accommodation and personal care for up to five people with a learning disability. At the time of our inspection, four people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to experience positive life experiences and take responsible risks, have new experiences and do the things they liked. People were protected from unnecessary harm by staff who knew how to recognise signs of abuse, how to identify if people were unhappy and how to report concerns to improve the care and support for people and prevent potential harm.

People had developed positive relationships with staff who knew people well. The staff helped people to express themselves to be able to choose what they wanted to do and to let them know if they were happy. The staff support was arranged flexibly so people could do the things they wanted to do, when they wanted to do this. People continued to be involved with activities they enjoyed and to try new activities. People supported charitable events and members of the local community were welcomed to their home to join events and develop new relationships with people. People were supported to maintain existing relationships with friends and family who were important to them.

Consent was sought before staff provided support and people were supported to make decisions. Where people needed help because they did not have capacity to make an important decision, they were supported to make decisions that were in their best interests. People could also be supported by an advocate who helped to express their views where they may have difficulty. Where people had restrictions placed upon them as they were not able to go out alone, applications to ensure these restrictions were lawful had been made and to safeguard their welfare.

People were supported to take their medicines and systems were in place to ensure that people received their medicines as prescribed and to keep well. Where people needed specialist medicines in the event of a medical emergency, staff had received training so they could give these medicines safely.

People were supported to eat and drink the food they liked and staff knew how to support people so they could eat a variety of foods safely. Some people had all food and drink through an artificial feeding system.

Staff knew how to use this feeding system and how to identify problems which could lead to poor health.

People were treated with kindness and compassion by staff who knew them well. People were given time and explanations to help them make choices. Staff knew people's likes and dislikes and how they communicated so they could express their feelings. The staff could identify where people may be concerned and raised this on people's behalf. Any complaint raised by people or relatives was acted upon to improve the quality of the service.

Staff were supported by the registered manager and provider who displayed strong positive values and demonstrated a commitment to providing best practice support for people. The staff team were committed to ensuring people were part of the community and had their rights upheld. Staff were proud of their role in providing support and promoting the service in the community.

Quality checks were completed to continuously develop the service. People, relatives and professionals could comment on the service and could comment on the quality of service provision to bring about improvements.

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.

People were supported to stay safe and provided with support to reduce the risk of harm. Staff knew how to recognise harm and identify where people may be unhappy and reported this to ensure people were protected from potential harm or abuse. There were sufficient staff organised flexibly to meet people's agreed support needs. The recruitment procedures in place meant checks were carried out to ensure staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

People's consent was sought when providing care and where people were unable to make decisions, decisions were made in people's best interests. People were provided with assistance from independent people to help make decisions and were supported to be safe in the least restrictive way. Staff received training which had been creatively designed for them to experience how care should be provided, which helped staff develop the skills they needed to provide exceptional care.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring and respected their privacy. People had different methods of communication and staff recognised how people used all their senses to explore and experience life and how they showed their emotions. Staff understood how people communicated which helped them to understand how people wanted to make choices about their care. People had developed good relationships with staff and maintained important relationships. The staff were highly motivated to support people to make new friendships with people and have different opportunities to socialise.

Is the service responsive?

Outstanding ☆

The service was responsive.

People were supported to be involved with new and exciting experiences, to develop new skills and were included in all aspects of daily life. Staff recognised how people could participate in all activities and designed these to ensure people could actively participate in a meaningful way. Staff knew how people communicated which helped people to make decisions about how they received their support. Family members and professionals were involved with reviews of care and considered new and innovative ways to continue to support people. People could raise concerns as staff noticed changes which could identify whether people were unhappy. Staff were proactive in identifying any changes so they could respond to improve the support they received.

Is the service well-led?

The service was well-led.

People and their relatives were happy with the support they received and were asked how they could improve the support and service. The registered manager promoted positive values and staff were committed to providing people with the support they wanted and enabling positive life experiences. Staff were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care and make improvements to the service.

Good ●

Highfields 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. The inspection was planned to check whether the provider was 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 visited the service on 2 and 4 December 2015 so we had opportunities to spend time with people. The inspection team consisted of one inspector. The inspection was unannounced.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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 improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

People who used the service had complex needs and were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with two relatives, six members of care staff and two health care professionals. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

At our last inspection we found that people were not protected from the risk of receiving unsafe care because the provider had not taken steps to identify the possibility of abuse happening and care records had not been reviewed to reflect current risks. This meant the provider was in breach of Regulation 9 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the staff had a good understanding of how to protect people and told us they knew people well and would be confident in addressing potential abuse or harm. The staff knew the action to be taken to escalate safeguarding concerns and knew about the whistleblowing procedure and how to use this. One member of staff told us, "We don't accept poor behaviour in staff. We are a small home and we notice things quickly. If it's not appropriate, it's just not appropriate. We are very open with each other and wouldn't hesitate in reporting potential abuse. I certainly would report anything through whistleblowing and if there were any consequences from whistleblowing, it just wouldn't be tolerated here." Another member of staff told us, "You know when people are unhappy. It's very clear when people don't want to do something or weren't happy with a member of staff. I would express my concerns and explain that their behaviour showed something was wrong." The registered manager told us, "We work as a team and support each other. Any issues are dealt with and there are staff are confident that they would be supported if they needed to raise any concerns."

People were supported by staff to keep safe in their home and the provider had systems in place to monitor and maintain equipment. Each person had equipment to support them to mobilise around their home. The bedrooms had fixed ceiling tracks and there were mobile hoists within the communal areas. People were able to access all parts of the home as it had been designed for people with a physical disability. The staff were given guidance on how to use the equipment. People had personal moving and handling equipment which was checked to ensure it was still suitable. Where people had lost or gained weight the equipment was reviewed to ensure it remained the most suitable equipment and sling to use. People used specialist pressure relieving equipment, including air mattresses. The staff knew how this equipment needed to be used and how the air mattress should be operated. One member of staff told us, "It's so important to get this right. People here are not able to move about and we need to make sure we use the equipment properly so their skin stays healthy and they are not in pain." We spoke with a health care professional who told us, "The staff are very excellent. I did the generic training with staff and they applied the general principles of this to the way people were supported. They adapted this to make it better for each individual. They checked first to make sure it was right and then started to use the new methods. They are not slow at bringing this to me and looking at different ways care can be improved. The staff are very professional and I am confident that when something needs doing that it is done properly." We saw when people were assisted to move with hoists, this was done sensitively and slowly. One member of staff told us, "Moving is sometimes a shock to people, so we like to do this slowly and let them know what is happening all the time."

People experienced different opportunities when out and staff demonstrated an understanding of how to identify and deal with how people may experience discrimination. One member of staff told us, "It's

important that people experience life. We are lucky as we go out all the time and people don't judge us. We are part of the community and are accepted. Other people's fear is not a reason for not doing something."

The staff told us and we saw that the support provided was flexible and took into account planned activities during the day. We saw there were sufficient staff on duty to meet people's needs. The level of support was reviewed with the person and people who commissioned the service to ensure it continued to meet their needs. We saw the staff team provided additional cover for activities or sickness. One member of staff told us, "We try not to use agency staff as people here like staff they know. It's not in people's best interests to be cared for by strangers, so we work together as a team to cover any additional hours. I'm really happy with the staffing that is provided."

When new staff started working in the service, they told us that that recruitment checks were in place to ensure they were suitable to work with people. This included requesting and checking references of the staffs' characters and their suitability to work. One member of staff who had been recently recruited to the service told us, "I waited until all the checks had come back before I came to work here. They were very clear about that. I did have an opportunity to meet with people at the interview, which was good." Some staff had long term planned leave and staff had been recruited to these positions prior to existing staff leaving. One member of staff told us, "We have already recruited new staff so they can start to support people before the staff leave. This is so much better as it means they can start building that relationship and this makes this change less stressful for people." Another member of staff said, "It's important that people have started to build relationships with the new staff especially as there will be lots of changes. This way is so much better."

People were supported to take their medicines with their food. We saw medicines were placed on top of food and people were informed about the tablets. One member of staff told us, "We always tell the person they are there in case they don't look down and see them. We don't hide anything. We always make sure people understand." Another member of staff told us, "[Person who used the service] wouldn't take them if they didn't want them." The staff understood if people were given medicines without their knowledge and understanding, known as covert medicines, they would need to have authorisation and this would only be done if this was in people's best interests. The staff told us that they only supported people to take medicines after they had received training. One member of staff told us, "I've passed my medication training but I won't give out any medication on my own until I've been assessed as competent." Some people needed insulin injections or medication that was administered rectally. Only staff who had been trained in these procedures administered these medicines. One member of staff told us, "It's not fair to people if they have to wait for nurses to come here and give medicines and it means we have to wait and their day is less flexible. If people need their medicine they should have it without waiting and by people they know and trust. That's the reason I did the training; we can be more personal." Staff underwent competency checks for administering all medication. We saw checks were carried out to ensure that people had their medicines as prescribed and staff understood why people needed the medicines they took.

Is the service effective?

Our findings

At our last inspection we found that arrangements were not in place to ensure people were supported to make decisions where they did not have capacity. This meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found 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 and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider 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 saw where people lacked capacity to make decisions; assessments and best interest decisions had been completed. One member of staff told us, "We all did the MCA training and assessments were done here. We needed to make sure that people understood the information and could use it. It's better that we are involved as we know how people show they understand and look at different methods to communicate. If external assessors came here, they may not understand how people show they understand. We have to be more creative here and it's important for people." Another member of staff told us, "MCA means making choices and if people can't make choices this helps you make sure you are doing things right."

Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for and assessments had been completed. One member of staff told us, "It's taken a long time, so we are pleased it is now going ahead, as these authorisations protect the people that live here." We saw that consent was sought before staff provided support for people and one member of staff told us, "Just because people have been assessed as needing a DoLS doesn't mean they can't decide for themselves what they want each day. A DoLS doesn't take away people's right to make everyday decisions."

One person was supported to manage their finances through a financial advocacy agency. This had been arranged through the Court of Protection as the person had been assessed as not having the capacity to manage their finances. One member of staff told us, "We need to make sure that we are not taking anything away from people and this safeguards them. They still have access to their money and buy what they need but this is added protection." This meant this person was supported to safeguard their finances.

People received care by staff who been trained to support them. New staff completed an induction and were working towards completion of the Care Certificate. The Care Certificate sets out common induction

standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "We support the new staff and the manager asks us for our evaluation too. Because we work closely together we are asked for our views and this is fed back to the new staff." Another member of staff told us, "My induction was really thorough and we go through everything from how people want to be supported to how we protect their rights. You meet with the manager or senior staff each week and talk about what you have done and review your work and feedback from people. It wasn't just a case of ticking things off; we went through everything in detail." A relative told us, "I have every confidence in the staff team, they go out of their way to provide excellent care for people."

Staff received training to support people and specialist training to meet their complex needs including how to reduce the risks of damage to people's skin. One member of staff told us, "We've done tissue viability training as people here are at risk. I found this really useful as we have to make sure we look after people's skin as they are not able to move around." A health care professional told us, "The staff have had training to understand how to support and help people to have the correct position and use equipment to achieve this. This is important for people here; it makes a big difference to the quality of the care they receive."

Staff were highly motivated and had a positive attitude towards learning which was continually developed through supervision and the appraisal process. One member of staff told us, "Things constantly change and this is good as we don't get complacent and always notice things." Another member of staff said, "We are still learning about people every day. We talk to family and find new things out all the time too." The registered manager checked people were supported correctly by staff. One member of staff told us, "The manager carries out checks that we are working in the right way. They watch how we work with people and during supervision we talk about what they saw. This all forms part of our appraisal too." A senior member of staff told us, "It's continuous evaluation. We have to make sure people are supported in the right way because people can't always tell us, so we are checking for them." This meant staff were supported to continue to develop their skills and knowledge so they could provide a quality dynamic service.

The provider had innovative and creative ways of developing training for staff that made sure they put their learning into practice to deliver outstanding care to meet people's individual needs. For example, staff participated in training to understand people's experiences of care. One member of staff told us, "We came to work in our pyjamas and experienced what it was like to be in a hoist and being moved around in a wheelchair." Another member of staff told us, "We also tried the food people eat, so we tried what food tasted like when it had been thickened and we also fed each other badly so we knew how awful it felt. People here need support and it takes a long time for each person to eat their meals. I think everyone who supports people should have to do this training, it helps you to understand and be a better carer."

People who used the service had complex health needs including how they needed to eat and drink. Two people had a tube fitted into their stomach because they had difficulty swallowing food and drinking. All food, drink and medication was given through this tube. The staff had been trained to look after the tube and how food and water should be given. One member of staff told us, "We have clear instructions on how food should be given and when to flush the tube with water. The training also covered what to do if we noticed any wrong or were worried." A health care professional told us, "The staff responded well to the training and understand how to support people to eat and receive the nutrition they need. If there are any concerns they always contact me. The staff provide this support in the most caring way." They also told us, "We have a complex needs surgery and the staff approach us so we can support people. We carry out the review in people's homes as this is less stressful for people. Working with staff has meant a much lower than average admission to hospital. It's working really well with the staff here." This demonstrated excellent links

with health care services and reflected that staff within the service sought to improve people's care, support and treatment by identifying and implementing best practice which leads to better outcomes for people.

There was a strong emphasis on the importance of eating and drinking well, which was personalised. We carried out observation on two days and we saw a member of staff supported people to eat their meals at the pace they wanted to. Throughout the meal the staff spoke with people and ensured that any spilt food or drink was cleared away to maintain their dignity. People had specific ways that they needed to be supported to eat due to their complex needs. We saw staff supported them in the way that was recorded in the care records. One member of staff told us, "Two people are supported to eat a soft diet and need all their drinks to be made thicker to prevent the risk of choking." Another member of staff told us, "We have to make sure fluids are thickened to the consistency of custard. People can still have their favourite drinks, even coke if they want that but it needs to be thickened so they are safe." There were detailed care records for all people and one member of staff told us, "We have everything written down so we all know we are doing it right. It doesn't just record the support though; I feel the plans are nice because you can feel people's personalities coming through." We saw that the way people were supported matched what staff told us and what was recorded and demonstrated how staff promoted people's well being.

Is the service caring?

Our findings

The service had a strong, visible person centred culture which meant the provider and staff were exceptional at helping people to express their views so that they understood things from their point of view. There was smiles and laughter between staff and people who used the service and the interactions were warm and loving. We saw people had developed a good relationship with staff. For example, one person lay on the floor on their sensory mat and a member of staff lay down with them. They helped the person to touch and experience the sensory objects. Another person laughed when staff were dancing with them and we saw people were comfortable and at ease with staff. We observed the breakfast meal and saw this was very much a social occasion with staff talking with people and waiting for a response. One member of staff told us, "People here communicate in their own way. Sometimes it's about facial expressions, sometimes it's certain noises. You just have to be patient, people here certainly let you know if they are happy or not." Relatives and professionals we spoke with told us that staff were consistently caring and kind. One relative told us, "The staff are very caring. The staff are more like family and very much into providing personalised care." Another relative told us, "When [person who used the service] was in hospital the staff made sure that there was someone there at all times. They didn't have to do this. They did it because they are very caring. It really was wonderful what they did." It was clear that staff ensured there were no barriers to people experiencing life to the fullest, and that all care was personalised.

Staff were aware of people's individual style and communication. One member of staff told us, "It takes time for people to trust us and it can take a long time to build a good relationship and gain people's trust. We need to do this so we can have a relationship." Another member of staff said, "Everyone has their own way of communicating and it's about getting to know people. We help people to make choices but we also have to accept that sometimes people find it more difficult. We'd speak to them and make further observations. We have to do everything we can do to identify their concerns. We just have to try harder."

The staff were highly motivated and were kind and compassionate in their approach to care. We saw one person enter the room after receiving personal care. The person was smiling with staff, and staff were laughing as the person who used the service had splashed them with water and one staff member had wet clothes. The person was smiling and expressed their joy when staff recounted the incident. When telling others about the story, the staff member included the person in all conversation and checked to if they had retold the story correctly. One member of staff told us, "We have fun here. It isn't all about care and support. It's about living and sometimes the little things we do make all the difference."

We heard staff speaking with people in different ways. People's privacy was respected and where people needed support with personal care, staff spoke discreetly and in private. When people were watching Christmas music videos the staff sang the songs and danced with people. People smiled and laughed. The staff explained how one person loved to listen and watch certain programmes and all the staff we spoke with agreed. One member of staff told us, "If they don't want to stop watching they will certainly tell you. Sometimes they like to relax watching the television, but don't we all." A health professional told us, "People have a range of experiences now and the staff are always looking at ways to do things for people. One person got a personal birthday message from their favourite pop singer, Olly Murrs. They think ahead and

think about what people want."

Staff knew people well and it was clear they knew about their life, including what and who was important to them. We saw staff took every opportunity to speak and interact with people. Staff had also developed good relationships with relatives of people who use the service. One member of staff told us, "You have to remember that relatives are still a big part of people's lives. We include relatives as that's what people want." We have lots of social gatherings and families play a huge part. Our families are involved too. It's brilliant that we all come together; people, family and staff. What's also good is by involving all our own families, it helps break down barriers, we are all equal and parties are arranged for everyone."

We saw that people who did not have family support had access to an advocate to speak up on their behalf if needed. One person was supported by an Independent Mental Capacity Advocate (IMCA) to help the person make decisions. An IMCA represent the interests of people who may find it difficult to be heard or speak out for themselves. The IMCA was visiting the person to build a relationship so they could provide the support they needed. One member of staff told us, "It's really important the IMCA gets to know [person who used the service], especially as they will be supporting them to make decisions."

Is the service responsive?

Our findings

The service was flexible and responsive to people's individual needs and preferences and the provider and staff found creative ways to ensure that people lived as full a life as was possible for them. People were supported to take part in the activities they enjoyed and staff understood people's complex needs and explored all opportunities to ensure people's emotional well being was being met. For example, two people were supported to travel to Sheffield and receive hydrotherapy at another service managed by the provider. The staff had received training to enable them to support people in the hydro therapy sessions. One member of staff told us, "Hydrotherapy allows people to exercise safely and we can see from the smiles that they enjoy it. They also have aromatherapy and reflexology as this helps them to relax and we also have a sensory room that people enjoy spending time in." One member of staff told us, "It's important we do things people like to do and all these activities help people to relax. This is important as some people's muscles have spasms or are tight. We want to help people to relax."

Two people had recently visited a local Snowdome. One member of staff told us, "We had to do our research. We were assured that everywhere was accessible for people. It wasn't as accessible as we had hoped as in the snow play area we had to dig our way out. We all had such a laugh though. That's life isn't it? [Person who used the service] loved it and the drama and enjoyed the snow texture. There were animals there too. We shall definitely do it again. It was a great day."

Social events had been planned throughout the Christmas period including a pantomime. One member of staff told us, "We all look around and see what is happening. We know what people like so it's trying to find those things. We don't always get it right but we are always prepared to give something a go and also try new things." One person enjoyed carriage riding at a specialist riding centre. One member of staff told us, "They enjoy the feeling of speed and always smiling. It's very safe and it's a specialist carriage where the wheelchair can be clamped in." A member of staff told us, "This is people's home. I never want it to be institutionalised; people here have the same right to experience life as we do. We have to be flexible and do what people want. We make plans but each day is different. We ask people what they want to do and look at the weather." Another member of staff told us, "We're lucky here as we don't have to rely on transport as there are places we can go to like the cinema just down the road. We also have facilities for a disco. We just draw the curtains and we have disco lights and do chair dancing."

People went shopping for their own clothes and chose what to wear and we saw each person was dressed in a personal style. One member of staff told us, "People have a choice. We select two items that we know from experience people like and people can then choose. We know from how the person responds and from sounds if the person likes something. I have supported people for a long time and you can tell by their reaction whether they like something."

We saw people involved with activities in the home and staff creatively involved people. We saw one person was involved with making cakes in the kitchen. One member of staff told us, "People are involved in everything. When we do cooking and people come into the kitchen with us. One person has a really good sense of smell and they love coming into the kitchen and smelling the food cooking and knowing what is

happening. Another person loves to wear an apron and chef's hat and help with stirring the food. It isn't just about what the person can physically do."

We saw people made a team with staff and played games in the lounge. When preparing for games, people were supported to sit comfortably out of their wheelchair. One person lay on a sensory mat that had been made by staff and included items the person enjoyed looking at. Another person lay on a large bean cushion and a range of cushions and wedges were used to ensure the person was in the correct position. People had received training from a health care professional who confirmed they had observed staff using the correct support techniques. We saw people were involved with the games. One member of staff told us, "We look for fun activities. [Person who used the service] loves things that are silly and loves to do things that aren't always sensible." We have had animal therapy sessions and different animals have been brought to the home. We stroked skunks and snakes. [Person who used the service] loves snakes and scaly creatures. Everybody had a really good time."

People's care records were individualised and recorded how people wanted to be supported and who had been involved in developing the support plan. Information was available about people's history and important events. One member of staff told us, "I think our care plans are excellent. It really lets you know about the person and not just about what we need to do. We've spent a lot of time with people, their families and professionals so have written all this down, so we all know the same thing." Another member of staff told us, "We are continuing to learn different things all the time. Only the other day I found out why [person who used the service] cries when [a particular event occurs]. It makes so much sense now. It's no use keeping new information to yourself; we share it. The more information we have the better we know people and that means we get better at caring." Staff confirmed they had received this additional information and we saw that care records reflected these changes to enable staff to provide this individualised personal care.

Each year there was a themed party and the staff supported people to decorate all areas of the home. One member of staff told us, "We've had a Disney theme, football and Hollywood party. Family are invited and everyone is involved. We really go to town." One relative we spoke with told us, "The staff really go to town. People are helped to make things and decorate the home. It's a big event now." Another member of staff told us, "When preparing for the parties we make a lot of the decorations ourselves. People enjoy being involved in arts and crafts."

Staff and relatives told us about the Halloween party. One relative told us, "There's always something happening and they organise parties and events all year including the Halloween Party." People who used the service went out at Halloween for 'Trick and Treat' and one member of staff told us, "It's about doing the things other people do and for us it's also about getting to know our neighbours. People know we are here and we want to be part of the whole community."

One member of staff told us about a fund raising day. They told us, "This summer we raised money for a charity that meant a lot to us. It was advertised and we couldn't believe how many people came. We raised over a thousand pounds and had a wonderful day. We had sponsored events, cake and craft sales and fun activities. It was a real community event and we were featured in the local press." Another member of staff told us, "It was due to this that I'm working here. I couldn't believe everything they did and I knew this is where I wanted to work."

The staff told us they worked closely with people and recognised changes in people's behaviour which could indicate they were concerned or unhappy. One member of staff told us, "Sometimes it can be as small as one person looking away or could be about someone being more vocal. We have very close relationships

with people and we really care, so see those small changes and for the people here those small signs could mean they are expressing something very significant."

There is a complaints procedure by the entrance for visitors and relatives told us they would make a complaint if they had any concerns. One relative told us, "I had one minor concern once and I just told them. The staff listened and respond and everything was dealt with straight away."

Is the service well-led?

Our findings

The staff told us the home was managed well and their views and suggestions were taken into account. They told us the manager and provider promoted an honest and fair culture. The provider had a clear set of values in place to promote people's independence and provide quality care and be part of the local community. The staff were clear of their role and spoke passionately about these values. One member of staff told us, "This is more than a job to us. We are really lucky to be working with people here. We all know what is expected of us and are completely committed to making sure people have the care they need and every opportunity to experience life." Another member of staff told us, "I'm really proud of my job and what we do." The registered manager worked alongside staff members to ensure the values were incorporated into everyday practice. One member of staff told us, "The manager always makes sure we are doing the right thing. We discuss what we are doing and care practices and if there is anything we can do better. This isn't about being negative about what we do but making those little improvements can make things so much better."

People and their family were regularly involved with the service in a meaningful way, helping to drive continuous improvement. People who used the service, their family and professionals were consulted about the quality of the service during the annual service review. People were sent questionnaires to complete. We looked at the last review and comments from people and relatives included; '[Person who used the service] couldn't live in a better place.' and 'Highfields is an excellent home.' Other professionals recorded, 'Highfields is a very person centred home and has a dignified approach to people's care.' and 'The attention to detail is a delight to see.'

Quality assurance audits were carried out twice a month by the registered manager and identified where improvements could be made. The audits included checking people's care records reviewing accident and incidents and safeguarding referrals. Where issues had been identified from these audits, the manager took prompt action to rectify these. A comprehensive review took place twice a year and reviewed any previous audit to ensure actions had been taken. We saw where concerns were identified these were recorded for action and staff told us they were responsible for making necessary changes and improvements.

Staff told us that they were encouraged to contribute to the development of the service. We saw that staff meetings were held for them to discuss issues relevant to their roles. During these meetings, staff told us they were able to discuss how to improve the service and the support provided and raise any concerns.