Eagle Care Homes Limited

Highfield House

Inspection report

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Heywood
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This was an unannounced inspection, which took place on the 26 June 2015.

Our previous inspection was carried out on the 28 August and 1 September 2014. This inspection took place due to information of concern we had received about the infection control procedures in place, staffing arrangements and the management of people's medicines. We found improvements were needed in each of these areas. The provider sent us an action plan telling us what they intended to do to address the breaches in regulation.

During this inspection we checked to see that improvements had been made. We found that effective recruitment had taken place to fill staff vacancies. The medication system had been audited and additional information to guide and support staff had been implemented. Infection control procedures had also been reviewed and regular checks were being completed to ensure standards were maintained.

Highfield House is a large detached property situated close to the centre of Heywood. The home is registered to provide accommodation and personal care for up to 25 people. On the day of our inspection 20 people were

Summary of findings

living at the home. Accommodation comprises of two lounges and two dining rooms. All bedrooms are single and have en-suite toilet facilities. People also have access to an adapted bath and shower room and there are several toilets throughout the building. There is parking available for visitors to the front of the building.

The service is managed on a day to day basis by a support manager and the area manager, who is also the 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 told that they were not happy with the way their laundry was managed so that their dignity was maintained.

People's care records had been reviewed, reflecting their basic support needs. However records did not clearly direct staff or show how people's wishes and preferences had been taken into consider in developing their plan of care. Consideration was also needed to the language on the assessment format as this was not respectful of people.

You can see what action we told the provider to take at the back of the full version of the report.

Not all the people we spoke with felt they received the support they needed in a timely manner. **We have made a recommendation about the deployment of staff at core times of the day so that more flexibility of support is provided to meet people's individual needs.**

People were not always supported by sufficient numbers of staff to ensure they received the support they needed in a timely manner.

Opportunities for people to participate in activities in and outside the home needed improving. **We have made a recommendation about the type of opportunities made available to people to promote their well-being and encourage their independence as well as relevant training for activity staff to help them develop in their role.**

People were supported by staff in a dignified and respectful manner promoting their autonomy and involvement. We saw staff respond promptly when people asked for assistance and supported people in a patient and unhurried manner. People's visitors told us that staff were kind and considerate and they were always made welcome when visiting the home.

People's visitors told us that staff had the necessary skills to support people properly. We found staff had been safely recruited and had received on-going training and support essential to their role so they were able to do their job safely and effectively.

People were offered adequate food and drink throughout the day. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People told us and records showed that people had regular access to health care professionals so changes in their health care needs could be addressed.

We saw effective systems to monitor, review and assess the quality of service were in place so that people were protected from the risks of unsafe or inappropriate care.

The registered manager had a system in place for the reporting and responding to any complaints brought to their attention.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe. All areas of the home were clean, well maintained and accessible; making it a safe environment for people to live and work in.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Whilst relevant information and checks were completed when recruiting new staff, some people did not feel enough staff were available at core times of the day to meet their individual needs.

Safe systems were in place in relation to infection control procedures and in the event of an emergency, such as a fire. However a better way of managing people's belongings should be provided so that people are helped to maintain their appearance in a dignified way.

Suitable arrangements were in place with regards to the management and administration of people's prescribed medicines.

Staff we spoke with knew how to keep people safe. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

Is the service effective?

Good

The service was effective.

The provider had taken the necessary steps to ensure people, particularly those who lacked the mental capacity to make decisions for themselves, were not being unlawfully deprived of their liberty in line with current legislation.

Suitable arrangements were in place to meet people's nutritional needs. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Opportunities for staff training and development were provided enabling staff to develop the knowledge and skills needed to meet the specific needs of people.

Is the service caring?

Good

The service was caring.

People and their visitors us staff were kind and had a caring attitude. We saw that staff treated people with curtesy and respect.

We saw people's care records were stored securely within the downstairs office, which was kept locked. This meant people's information was kept confidential.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

Summary of findings

People and their relatives were involved and consulted about how people wished to be cared for. However people's care records did not include clear information to guide staff about their individual likes, dislikes and preferences and how they wished to be cared for.

We saw some activities were offered as part of people's daily routine. These could be enhanced with more meaningful activities to help promote people's health and mental wellbeing.

Systems were in place for the reporting and responding to people's complaints and concerns. Where necessary the registered manager told us they would take action to address poor practice.

Is the service well-led?

Good

The service was well-led.

Managers carried out checks to monitor and assess the quality of the service people received. People who lived at Highfield House, their visitors and staff were provided with opportunities to voice their views and ideas.

Managers had notified the Care Quality Commission as required by legislation of any accidents or incidents, which occurred at the home. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

Highfield 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 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 inspection took place on the 26 June 2015 and was unannounced. The inspection team comprised of an adult social care 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.

During the inspection we spent time speaking with four people who used the service, two visitors, three care staff, the activity worker, the service support manager and registered manager. We also spoke with a visiting community nurse.

We looked at the environment and the standard of accommodation offered to people, observed an activity taking place and spent time observing how staff assisted people during the mealtime period. We also looked at three people's care records, four staff recruitment files and training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning team and Rochdale Health watch, to seek their views about the service. Feedback was received from the commissioner. We were not made aware of any concerns about people's care and support. We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. We did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. 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.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Highfield House. One person said; “I feel safe because I'm around staff and other people. You get to know people.” Another person commented, “I do feel safe in here.” A third person told us; “I feel safe here because I know most of the staff and residents” and “The staff come quickly if I need help and I feel safe moving around the home.” People’s visitors also told us, “I feel my relative is safe in here”, “She is safe because staff are around to assist her when she needs to be moved” and “She's safe here because the home is securely locked.”

During our previous inspection we identified there had been a high turnover in staff and vacancies needed recruiting to. During this inspection we were told this had been addressed and that suitable candidates had been identified for the remaining two current vacancies. Staff spoken with told us the team was now more settled and that there were sufficient numbers of staff on duty to support people living at Highfield House. One staff member told us that the registered manager regularly reviewed staffing levels and would increase the number of staff available if more people were to move into the home.

Two of the people we spoke with said that in their view there were not enough staff available in the mornings and evening, during the time when day and night staff came on and off duty. This had previously been raised by care staff at our last inspection. People told us that at times they had to wait for long periods of time for assistance to either dress in a morning or change for bed in an evening. People’s comments included; “Sometimes the staff are busy with an emergency and can't help me undress for bed at 8pm when I like to go to bed. I have to wait until 10pm when the night staff come on and by then I've fallen asleep in the chair”, “I used to have to wait a lot at night but now it's mostly in the mornings. If they are seeing to someone else I'm left sitting on my bed waiting for help in the mornings and sometimes get back in bed to keep warm. Care would be improved with more staff here”, “I can't bend down to get myself dressed and have to wait up to ten minutes if they are seeing to someone else. Staff may be delayed in coming but they are good when they do come.”

The relative of one person also said, “Occasionally I've had to look for staff but my relative hasn't complained to me about having to wait for attention. There seems to be enough staff to attend to her needs.”

We examined the staff rotas for the two weeks prior to our inspection. We saw there were two rotas completed for same week, one for the team leader and care staff and a duplicate for the manager. However the shifts recorded did not always correspond and provide an accurate reflection of the staff and hours worked. We discussed our findings with the service support manager and registered manager, who agreed to look at the shift pattern worked by staff. People need to feel confident that their needs can be met by sufficient numbers of staff in a timely manner so they are kept safe. **We recommend the services reviews the deployment of staff at core times of the day so that more flexibility of support is provided to meet the individual needs of people.**

At our previous inspection in August/September 2014, we identified that improvements were needed with regards to infection control procedures. The provider sent us an action plan telling us what steps they were to take to make the necessary improvements. Prior to this inspection we had also received information from the local authority health protection agency following their inspection of the home in October 2014. The service was assessed as 92% compliant with regards safe infection control procedures.

During this inspection we found the home was clean, well maintained and free from malodour. We saw that staff had access to personal protective clothing, such as aprons and gloves, and hand washing facilities were available in all areas where personal care was provided. We saw red and yellow bags, used for the management of soiled or clinical waste were also available. The registered manager also told us and provided records to show that regular auditing was completed throughout the home. A visiting community nurse told us; “The home is generally clean and fresh smelling and the decor is pleasant. It is very clean in here.”

Staff told us and an examination of rotas showed there was no designated laundry worker. Laundry was completed by the care staff on duty. We looked at the laundry, which was situated in the cellar. The room was untidy and used for storing clean bedding and towels as well as unused equipment. We saw a trolley with several packets of continence pads, which had been left open and uncovered. We were told by a staff member this was so they would be

Is the service safe?

easily accessible for staff. Whilst these items should be made readily available they should not be left open and uncovered in high risk areas, such as the laundry, as there may potentially be at risk of contamination, placing place people at risk of acquiring an infection. We raised this with the registered manager and service support manager, who said this would be addressed.

We spoke with people and their visitors about the laundry and the management of their clothing. People we spoke with told us; “This cardigan isn't mine. It's too big. It keeps falling off my shoulders”, “Clothing gets mixed up and I have a pink skirt that has gone missing, they haven't been able to find it yet” and “Staff do ask me what I want to wear but sometimes they are too busy to check to see if they are my own clothes.” One visitor told us that they took their relatives clothing and bedding home and laundered it themselves. Adding “When the home washed her things, jumpers were shrunk, underwear and clothing went missing and other people's clothing were put in her wardrobe.” Another visitor said, “I’ve complained about the poor laundry care, clothing going missing and the state of my relative's wardrobe, although the manager has tried very hard to resolve these problems, until the home gets a dedicated laundry worker it will not be resolved.” People’s personal belongings should be cared for properly so that people are helped to maintain their appearance in a dignified way. This was a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014.

We saw policies and procedures in safeguarding people from harm were in place. Information had been kept under review and clearly guided staff on the action to take should this be necessary. Staff spoken with and records seen showed that training in safeguarding was provided to the team. The support manager told us that where staff needed refresher training or had yet to complete the course, this had been arranged with the local authority training partnership. Records seen confirmed what we had been told. We spoke with three staff who were able to tell us what action they would take if they suspected or witnessed abuse taking place. Some of the comments we received from staff included, “I'd speak to the manager and we also have a whistle blowing procedure for bad practice. There's also a phone number on the notice board”, “A number of things come under safeguarding such as confidentiality, abuse and neglect. I'd notice neglect by watching for signs of withdrawal or marks and bruises” and “We also complete risk assessments, DoLS (deprivation of liberty safeguards).”

The service had a business continuity plan for responding to emergencies or untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home. Risks of system and equipment failure had been minimised by a programme of servicing and maintenance of equipment. For example, we saw up to date servicing certificates were in place for gas safety, fire alarm and extinguishers, hoisting equipment and the mains electric circuits.

We saw there was a system in place to record accidents and incidents. The registered manager told us and we saw records to show that accidents and incidents were analysed each month. The support manager gave us an example of the action taken where it had been identified a person needed additional support and equipment had been put in place. However this information was not reflected in the records we looked at. Whilst the records identified patterns, there was no information recorded in relation to the actions taken to reduce future risks by taking preventative action. The managers agreed to expand on the information documented.

On examination of three care files we found that general risk assessments were completed in areas such as nutrition, risk of falls or pressure care prevention. Assessments were reviewed and updated regularly and where necessary additional monitoring, such as food and fluid charts or pressure relief were completed so that changes in need could be addressed promptly. The visiting community nurse told us, “Staff are quite on the ball with pressure care. We have given them a list of early warning signs and if they spot anything they contact us quickly.”

We spoke with a member of staff recently employed to work at the service and looked at the personnel files for four staff who were employed to work at Highfield House since our last inspection. We saw there was an effective recruitment and selection process in place to help keep people safe. All the staff files we looked at provided evidence that the registered manager had completed the necessary checks before people were employed to work in the home. Records contained proof of identity, application forms including a full employment history, a medical questionnaire and two written references. Checks had also

Requires Improvement

Is the service safe?

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.

People we spoke with were aware they were supported with their prescribed medicines. One person told us, “The carers give me my tablets on time. They are the same ones I've always had. I've seen a doctor recently and he gave me some cream to put on daily” and “I'm on pain killers and staff do give them to me at the right times.” One person’s visitor also told us; “My relative is on a lot of medication and staff do make sure she gets them.”

We looked at the medication system in place and spoke with the service support manager. It was acknowledged that following a visit by the local authority quality monitoring team, shortfalls were identified in the management of people’s prescribed medicines. We were shown an action plan which had been drawn up by the registered manager and support manager following an audit of the medication system in place. We were told all areas of improvement identified on the action plan had been addressed.

We looked at the medication system in place including the management of controlled drugs. Information to guide staff in the safe administration of people medicines was available. A new monthly cycle had commenced and the support manager was in the process of checking all stocks and updating the medication administration records (MARs) with any items carried forward from the previous month. We were told and saw evidence of records being updated to contain a recent photograph of the person and any relevant information, such as allergies, which staff may need to be aware of. We looked at the storage and recording of controlled drugs. We found items were stored safely and records corresponded with the stocks in place.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We spoke with the registered manager and support manager at the service understood their responsibilities in making application to the supervisory body (local authority) where people assessed as lacking the mental capacity were potentially being deprived of their liberty. We were told fourteen people were currently subject to a DoLS. The service support manager had developed a matrix so that the authorisation and renewal of DoLS could be monitored. All applications made were in relation to people, who lacked the mental capacity and were not free leave the home.

We saw policies and procedures were available to guide staff in areas of protection, including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). An examination of training records showed that the majority of staff had completed in-house training in MCA and DoLS. The registered manager explained that this involved staff going through the homes policies and procedures to familiarise themselves. However care staff spoken with were not able to demonstrate their understanding. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe. The service support manager provided information to show that further training in MCA and DoLS had been booked for some staff with the local authority training partnership. As further place became available other staff would be scheduled to attend.

We saw most people were able to make some decisions about their daily routines and support. We were told and observed staff throughout the day asking people what they wanted or needed. We were told where people were not able to give informed consent, meetings would be held involving staff from the home, social workers and family, if relevant, so that a decision could be made in the person's 'best interest'. We saw evidence of a recent meeting, which had involved an independent advocacy agency who supported the person through the decision making process.

We spoke with the registered manager, service support manager, three care staff and looked at the training records in place. Staff told us they received on-going training and support. Evidence of training completed was seen in the personnel files we looked at. The service support manager also told us and provided information to show that further training had been scheduled over the next few months. This involved formal training, which had been sourced from the local authority training partnership group and included a range of topics including; safeguarding adults, Mental Capacity and deprivation of liberty safeguards, medication, nutrition, dementia care, moving and handling and infection control. One of the visitors we spoke with said, "The staff are well trained and do care for my relatives basic needs." The visiting community nurse also commented, "There's a nice atmosphere here and staff appear to be sufficiently trained for their role."

Staff spoken with confirmed they had an induction on commencement of their work. This was completed over a number of weeks and helped to familiarise them with their role and what was expected of them. We saw complete induction booklets on staff files, which had been signed by the staff member and the manager. The registered manager was in the process of implementing the new care certificate induction introduced in April 2015. Staff said that individual supervision meetings and team meetings were held. This provided the team with opportunities to discuss their work and any development needs they may have. Staff told us they felt supported in their work and could ask for assistance if needed. One staff member said they worked regular shifts with certain members of the team, adding, "We know how each other work and have a routine so the shift runs well, we know what needs to be done."

We looked at how people were supported in meeting their nutritional needs. We spent some time with people during the lunch time meal. People were served freshly battered fish for their main meal. Three people complained to staff about the batter, which was too thick for them. The cook later spoke to us and assured us that alternative arrangements would be made for these three people next time.

Good

Is the service effective?

We saw that staff were kind, helpful and attentive towards people and responded to individual requests. For example, one person asked for gravy on their fried fish and another person asked for bread and butter which staff provided. There was a four weekly menu in place. These were displayed in the dining room however were in very small print and not easy to read. Menus comprised of a breakfast of cereals, toast or a cooked breakfast, a three course lunch menu and sandwiches or lighter hot meal for tea and toast, crumpets or tea cakes for supper.

People told us; “The food is very good. You get good meals here. I'm weighed every week”, “There's not enough variety of food. We get sandwiches for the evening meal and they are very repetitive”, “We get plenty of fresh fruit. The staff bring around segments or slices for us” and “I like the food here. They do a good potato pie”, “You get enough to eat and drink” and “I don't like margarine so the staff do my sandwiches with butter.” One person’s visitor added; “The food looks good quality and nutritious. They [people at the home] seem to get plenty to eat and drink.”

We looked at the kitchen, which was clean with sufficient food stocks available. There was also a food storage area in the cellar. We saw monitoring records were in place and regular audits were completed so standards within the kitchen were maintained.

A review of people’s records and discussions with staff confirmed that people had access to relevant health professionals. Care records showed that where people were at risk of poor nutrition or weight loss, risk assessments had been completed. We saw that additional monitoring charts were put in place and where necessary, additional support and advice was sought from the person’s GP or dietician.

People also had access to other healthcare support such as community nurses and chiropodist. People told us that they were weighed regularly to make sure they were not losing weight. One person told us, “I like to get up and washed early every day because the visiting nurse comes early to give me my insulin.” Another person we spoke with was fully aware of their health care needs and the support they required. They told us “I'm on the same medicines I was on at home. I know what all my medicines are for and why I need them. I've had the doctor come twice and the district nurse comes every Monday to dress the ulcers on my legs.” People’s visitors also told us they were kept informed of their relatives health care needs, where necessary. We were told; “They monitor [my relatives] eating and could tell us they hadn’t eaten today” and “My relative has had her feet done a few times. She also uses the hairdresser every week.”

Highfield House comprises of 25 en-suite bedrooms on two floors. On the ground floor people had access to two lounges and two separate dining rooms, which were nicely decorated and appropriately furnished providing comfortable accommodation for people. We saw that corridors were wide, spacious and well-lit. All bedrooms were en-suite and of a reasonable size. Bedrooms had been personalised and were clean although some of the furniture and soft furnishings were showing signs of wear. We discussed this with the registered manager who told us there was a programme of refurbishment taking place, including new furniture, curtains and bedding. We saw this had already been provided in several rooms.

Good

Is the service caring?

Our findings

We spoke with four people who used the service and the relatives of two people who were visiting the home at the time of our inspection. People spoke positively about their experiences and the care and support offered by staff.

People told us; “The staff are kind and pleasant. They treat me as an individual. They talk to me with respect and never snap at me. I like them all. The staff make me feel comfortable”, “I'm contented being here. I feel like it's my home” and “The staff are very good with me. They are very kind and polite.” One person said, “My relative comes very often to visit me. The staff are quite chatty to them and make them feel welcome.” This was confirmed by the two visitors we spoke with.

People’s visitors told us they were happy with the care and support offered to their relative. One visitor told us; “Staff do seem to be kind to my relative”, “I'm made welcome when I come. They [the staff] are pleasant and approachable”, “They do respect my relative’s dignity and are always pleasant towards her.” Another visitor commented; “The care is brilliant. I can come at any time, put her to bed and generally care for her”, “Staff are most willing to assist in any way, and they are kind and caring and respect people's dignity.”

We observed how staff spoke with and assisted people throughout the day. The atmosphere was relaxed and interactions between people and staff were warm and friendly. During the morning we were told and saw that some people preferred to lie in, whilst others preferred to rise earlier. This was confirmed by one person we spoke with, who said “I like to go to bed early and get up early. I get up when I feel like it.” Staff were seen to knock of bedrooms doors before entering and offered people support and encouragement when needed.

We saw people access a fully enclosed, evenly laid patio area containing flower beds, benches, chairs and tables for outdoor use. This provided people with a safe outside space in which to relax and enjoy the warmer weather. People also had ramped access to the side of the building and a smoking area, which we saw one person use on a regular basis throughout the day.

Staff told us that people’s care records were stored securely within the ground floor office, which was kept locked. This meant information about people was kept confidential and securely maintained. Care staff told us they were kept informed about the changing needs of people and were able to refer to people’s care plans when they needed to. A staff handover was also provided at each shift change so that coming on duty were aware of any issues or support that was required of them.

We saw that toilets and bathrooms along corridors were well signposted with signage using both pictures and photos, which helped to promote people’s independence. We did see posters displayed around the home reminding staff of what was expected of them. We discussed this with the registered manager and support manager who agreed to find ways information could be more discreetly held whilst being accessible to staff.

Requires Improvement

Is the service responsive?

Our findings

We looked at what information was gathered as part of the assessment process, when people were referred to the service. The support manager told us and records showed that information was gathered about the individual needs of people. We were told that people and their relatives were visited, where possible prior to admission so that relevant information could be gathered. This information helped the service decide on the suitability of the placement and if they were able to meet the assessed needs of people.

One person told us "I came here from hospital. I don't know if I am going to be here permanently, it depends on how my injuries improve." We were also made aware that the family of a new person moving in to the home had visited to dress their relative's bedroom prior to their arrival, so that their room was more comfortable and familiar with items from home.

An examination of three people's care records confirmed what we had been told. However this information had not been developed into a personalised care plan. Whilst information clearly identified the level of support people needed, information was task focused and did not clearly direct staff in how people wished to be cared for or include personal information about people wishes and preferences. This meant people may not receive safe care and support in a way they would prefer.

We spoke with the registered manager and support manager about the language used on some of the documentation. Information did not demonstrate people were included in the assessment of their care and used negative descriptors when identifying people's support needs. For example, does the person have? Or does the person smear faeces or urinate on carpets? The support manager told us they had reviewed records and identified where improvements could be made. It was acknowledged by the registered manager that records needed improving and made more user friendly.

People's visitors told us they were aware that care records were in place for their relative and that they were informed of any changing needs. Visitors commented; "Staff are always willing to help and they do inform me about my relative, the staff listen to me about my relative's likes and dislikes", "[my relative] has a care plan and staff keep me informed of any changes" and "I've talked with the manager about her care plan but I don't think I have seen one."

People's care records should clearly direct staff in the delivery of people's care, reflecting their needs, wishes and preferences, with the aim of maintaining and developing their dignity and personal identity. This meant there was a breach of Regulation 9(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home employed an activities co-ordinator on a full time basis however their hours were divided between Highfield House and the sister home next door. Their job was to help plan and organise social events for people, either on an individual or group basis. We looked at how people spent their time and spoke with the activities co-ordinator, who was new to post. They told us that they would like to learn more about activities, especially for people living with dementia. They said they had sought information from the Alzheimer Society with regards to the different types of activities. The activity worker was completing a level 2 vocational course in activities and was scheduled to complete an in house dementia awareness course next month.

The activity worker said they tried to cater for individual tastes. For example one person had said they wished to go to a denominational church, however this was currently being renovated. The activity worker said she would arrange this for the person to visit when it reopened.

People told that some activities did take place however expressed a preference for other opportunities to be made available. One person expressed, "There's not many activities here. We mostly watch TV. We play bingo about once a month. We did a sing along this morning but this is not usual." Another person told us "I'd like to go to a garden centre. I love flowers. I'd like to see the flowers". A third person told us what they liked to do and take part in. They said, "I like to write poetry. I also like activities such as skittles and bowls. A girl does activities with us in the mornings. She has to go to next door to the other home as well. We went for a meal a few weeks ago." And a fourth person added; "We don't do much in here. I'd like to play darts but I don't want to be the one organising it. I'd like somebody to do the organising."

Requires Improvement

Is the service responsive?

People also said they enjoyed the company of their friends and family. One person said “I'm being taken out by my relative next week, I'm looking forward to that.” Another person said “I've made friends with some of the residents and enjoy their company.”

We received a mixed response from people’s visitors about the activities and opportunities made available to people. One visitor said; “My relative takes part in activities in the lounge and enjoys them. She has been out in the garden and staff do put sun cream on her. If there's anything going on staff put it up on the notice board.” Another visitor felt that improvements could be made. They said, “There aren't enough attempts at stimulation. There is just nothing for residents to do. ?More or less they just sit around watching TV and sleeping all day long. I take my relative out when I can. It would be good if staff would take my relative out for a walk in the park or even to watch some bowling there but that doesn't seem to happen.”

We recommend the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being of people with living with dementia, helping to promote their involvement and enable them to retain their independence. Furthermore the provider may wish to explore relevant training for the activity worker so they are able to develop the knowledge and skills needed to carry out their role effectively, meeting the individual needs of people.

People told us they felt able to raise any issues or concerns with staff. People told us; “I do feel able to complain if I need to”, “I do make my opinions heard”, “I've never needed to complain. Most staff will listen to me if I want to say something.” Two people said they did not know how to make complaint however said “I suppose I'd tell one of the staff” and “I would tell one of the staff if I didn't like something.” People’s visitors also felt able to speak out if they had any issues. One visitor said, “The manager is very approachable and tries to resolve problems.”

We saw there was a complaints procedure displayed in the reception area which was accessible to people and their visitors. The registered manager told us and an examination of records confirmed that any issues brought to her attention were documented along with any investigation and correspondence. We saw documentation for two issues raised since our last inspection which had been responded to appropriately.

Good

Is the service well-led?

Our findings

The home had a registered manager in place that was registered with the Care Quality Commission (CQC). They were supported in their role by the service support manager.

All the staff we spoke with said they felt supported by the management team and could discuss any issues or concerns with them. The visiting community nurse also told us "The new manager seems to be knowledgeable and keen." One staff member described the service support manager as "friendly". Adding "She's approachable but you know she's the boss".

Three people we spoke with said they did not know who the manager was. One person added, "I don't know the manager's name but I have seen her and she has spoken to me. She runs a good ship and is on top of things. I think the staff are happy here." Another person said, "The manager is approachable." People's visitors were also aware of the change in management. One person told us "The management has changed recently." Another visitor said, "I know who the manager is. She's very approachable."

We looked at how the managers were monitoring the quality of the service provided. There was a matrix in place to monitor the completion of audits, which were undertaken on a weekly, monthly, quarterly or annual basis. We were told and saw records to show that audits were in place to monitor different areas of the service such as the environment, medication, infection control, accidents and care records. Records identified what was found and any action required so that any risks to people were minimised.

We saw information to show the provider carried out periodic monitoring of the service and detailed their findings in a report for the registered manager to action. The provider and registered manager had also recently undertaken a night visit to check staff were carrying out their expected duties.

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. Annual feedback surveys were distributed and relative/resident and staff meetings were held. The registered manager told us that surveys were distributed in November and therefore had not yet been completed for 2015. We saw results from the 2014 surveys which were overall positive about the care and support provided. The report identified that improvements were needed with regards to people's social opportunities. This had been addressed with the appointment of an activity worker.

We were shown the report following the local authority quality monitoring visit carried out in April 2015. Several areas of action were identified with regards to involvement and information about people, medication and staffing. The registered manager told us that relevant action had been undertaken and an updated action plan had been sent to the local authority in response to their findings.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The service had been inspected by the food hygiene inspector in February 2015. They were awarded the highest level of compliance, 5 stars. The local authority health protection agency had also completed an infection control monitoring visit in October 2014. The home achieved 92% compliance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect People's personal items should be cared for properly so that people are helped to maintain their appearance in a dignified way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's care records should clearly direct staff in the delivery of people's care, reflecting their needs, wishes and preferences, with the aim of maintaining and developing their dignity and personal identity.