Rhodes Care Home Ltd

Highview Residential Home

Inspection report

42-44 Foxholes Road
Southbourne
Bournemouth
Dorset
BH6 3AT

Tel: 01202428799

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08 August 2018

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13 November 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This focused inspection took place on 8 August 2018. It was unannounced and commenced at 5:50am.

Highview Residential Home is a 'care home'. 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.

The service is registered to accommodate a maximum of 19 people who require either personal care. The building was originally a private dwelling which has been converted and extended to become a care home. There were 18 people living at the home when we inspected. The service specialises in providing care to people living with dementia.

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 spoke very highly of how caring the staff and managers were and we received only positive comments about Highview Residential Home throughout our inspection.

This inspection was carried out because we received concerns that insufficient numbers of staff were on duty at night and this meant that people were being woken early contrary to their wishes.

All of the people living at the service were living with dementia. The registered manager explained that the progression of the condition meant, for many of the people living in the home, that they no longer understood times of the day. In addition, many people chose to go to bed very early which, in conjunction with lack their lack of awareness of time, meant that they also woke very early.

Many people were up and dressed or awake in their rooms when we started our inspection. Staff told us that people had woken at times of their choosing. The registered manager was aware of this change in people's routines and was taking steps to ensure staffing levels were amended to ensure people's needs and preferences were responded to.

People received the support they required with their medicines. However, the change in people's night time routines had affected when staff administered some medicines. The registered manager agreed to seek advice from GP's and ensure that care plans and records of administration contained the required information about this.

Following the inspection, the registered manager confirmed that they had taken action to address the issues discussed and to ensure that the improvements were monitored and reviewed.

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 home continued to provide safe care.

Is the service well-led?

Good

The home continued to be well led.

Highview Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This focused inspection took place on 8 August 2018 and was unannounced.

The inspection was prompted because we received information of concern that indicated some people may be at risk because their care and support needs were not being met.

The inspection was carried out by two adult social care inspectors and commenced at 05:50 hours to enable inspectors to assess arrangements for care of people during the night and night staffing levels.

We did not have access to information from an up to date Provider Information Return (PIR), because the inspection was brought forwards from the planned date. 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 reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners and safeguarding teams to establish their views of the service.

We met and spoke with nine of the people living in the home. We also spoke with the registered manager and four members of staff.

We observed how people were supported and looked at four people's care and support records and documents about how the service was managed. This included audits, meeting minutes, maintenance records and quality assurance records.

Good

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 15 May 2018 at which the service was rated Good overall. After that inspection we received concerns in relation to staffing levels at night and the impact this may be having on people's care needs. As a result, we undertook a focused inspection to look into these concerns. This report only covers our findings in relation to these concerns. No risks or concerns were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Highview Residential Home on our website at www.cqc.org.uk

People were supported in accordance with their wishes and preferences. Some people were in the lounge enjoying a drink, others were walking around the home. Some people had their televisions or radios and lights on in their bedrooms. Staff told us people had woken and requested support to get up but had fallen back asleep either whilst waiting for staff or after staff had helped them with whatever they had requested. Staff were clear that there was no expectation on them to make sure people were up and dressed before the end of the night shift.

All of the people living at the service were living with dementia. The registered manager explained that the progression of the condition meant, for many of the people living in the home, that they no longer understood times of the day. In addition, many people chose to go to bed very early which, in conjunction with lack their lack of awareness of time, meant that they also woke very early.

Staffing levels had been adjusted to meet people's needs. The registered manager came on duty at 06:15am. The registered manager explained that they had changed their start time recently in recognition that so many people were rising early and therefore two care staff was not sufficient to meet people's needs

Some of the people living at the service needed two care staff to support them. This meant that, prior to the registered manager starting their shift at 6:15am, if the two care staff were supporting someone in their room, there were no staff available for the other people who were living in the home. We discussed this with the registered manager. Later that day the registered manager confirmed that they had added another member of care staff to the rota to start work at 5:15am.

A review of previous rotas showed that the service had recently had to use agency staff to help provide sufficient staffing for night duties. The staff on duty confirmed that this was unavoidable but did increase workloads as agency staff were not familiar with people, their needs or routines. The registered manager confirmed that they obtained information about agency staff prior to them working in the home which included confirmation of criminal records checks and training. They were then provided with an induction into the home and safety procedures at the beginning of their first shift. There were no records of these inductions or their content.

The agency staff profiles obtained by the registered manager also did not always include the dates criminal

records checks or of staff training. This meant that they could not be certain that the agency staff's training and skills were current and how often the agency concerned checked that staff had not received any convictions and may therefore not be suitable to work in a service such as Highview Residential Home.

The registered manager confirmed later that day that they had created a form to be used when providing new agency staff with induction to ensure that this was fully recorded. They also confirmed that they had obtained the required information and dates from the staffing agency and given the agency instructions to provide this with any new staff to the service in future.

The service had safe procedures for the ordering, storage and disposal of medicines. Staff responsible for administration of medicines were trained and had had their competency to do this assessed. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records were kept in accordance with current legislation.

People were receiving their medicines as prescribed but sometimes there was a variation from the time of administration on the prescription label. Random sampling of people's medicines, against their medicines records showed that, at 6:10am, some people had already received their morning medicines although they were not prescribed to be given until either 7am or, in most cases 8am. Night staff explained that they had adjusted the times in response to the change in time that people woke and ate breakfast. This was also because some people were prescribed medicines which should be taken at least 30 minutes before food. However, the actual times that medicines were being given were not recorded. This meant that day staff may not be aware of the difference in administration times and this may have an impact on people whose medicines should be given at fixed intervals.

The registered manager responded to this immediately by instructing staff to record actual times of administration and agreed to contact GP's to confirm that giving people's medicines much earlier than the prescribed time would not have any adverse effects.

The registered manager has since confirmed that they completed all these actions and have taken steps to improve medicines administration in this area which will be monitored through regular audits.

Good

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service on 15 May 2018 at which the service was rated Good overall. After that inspection we received concerns in relation to staffing levels at night and the impact this may be having on people's care needs. As a result, we undertook a focused inspection to look into these concerns. This report only covers our findings in relation to these concerns. No risks or concerns were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Highview Residential Home on our website at www.cqc.org.uk

The registered manager had systems in place to monitor people's needs, how these were met and staffing levels required to support people's needs appropriately.

Examination of staff meeting minutes and staff rotas provided evidence that the registered manager had become aware of the change in people's needs and routines and the impact that this was having on night staffing levels. They had taken action by amending the time they started work each day, or when other staff started their duties when the registered manager was not on duty.

The registered manager also told us that they had undertaken some analysis of people's needs for support at night, held discussions with night staff and looked at night care records. As, already stated in this report, they had already taken action by ensuring that they started work earlier and told us they were continuing to monitor this. They acknowledged that there were some particularly busy times each shift and some people's needs may not be met as quickly as they preferred and confirmed that staffing levels could, and would be adjusted if the need arose.